# Being a Trainee, Being a Client: Exploring Meanings and Integrating Identities.

**Kallirroi Nikolopoulou**


**Professional Doctorate in Counselling Psychology (DPsych)**

**Department of Psychology**

**City University, London**

**June 2016**

## THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR DATA PROTECTION/CONFIDENTIALITY REASONS:

**pp. 157-162:** **Section B. The professional case study.**

## THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR COPYRIGHT REASONS:

**pp. 163-197:** **Section C. Publishable paper:** 'You're not somebody who's got loads and loads of issues…': An interpretative phenomenological analysis of how Counselling psychology trainees experience their mandatory personal therapy.'

# Contents

**Acknowledgments**

First and foremost I wish to thank my supervisor Dr Susan Strauss, for her invaluable support and kind encouragement throughout the process of developing, conducting, and writing up this thesis.

I also wish to thank my loving family, especially my parents Andreas and Ourania, for always believing in me and supporting me in pursuing my dreams. I could never have achieved all that I have without you on my side. Thank you.

To my partner Nico, your love and patience kept me grounded during the hard turns, and your words reminded me of the things I value most in life. I will always thank you for this.

My dear friends, who never doubted I would finish and consistently encouraged me, I am forever grateful for your tolerance and understanding of my long absences to complete this study. Thank you for showing me the light at the end of the tunnel! To Souzana, Panos and Antigoni, a special thank you for providing a loving home for me in two countries.

I would also like to express my gratitude to my tutors and trainees at City University London and my colleagues who were with me in this journey. Your contribution to my personal and professional development throughout my training in Counselling Psychology has been invaluable.

Finally, I wish to thank my participants wholeheartedly for sharing their stories with me, making this study possible. This research is dedicated to you.

**Declaration of Powers of Discretion**

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

# PREFACE

**Preface**

This section will introduce the three different components of the Doctoral Thesis Portfolio: A) the empirical study, B) the professional case study, and C) the publishable paper, which highlights some of the findings obtained through the empirical study.

The purpose of this portfolio is to present a comprehensive and convincing account of the clinical and research skills I acquired through my doctoral training in Counselling Psychology. This portfolio also represents my own personal journey as a practitioner and reflects the ways in which I came to understand my developing professional identity as a Counselling Psychologist. The shared theme that appears to bring together the different components of this portfolio is the exploration and the attempt for integration of diverse meanings regarding the position of the therapist and the client, as understood through the pluralistic and critical scope of Counselling Psychology training and practice (British Psychological Society (BPS), 2006; Larsson, Brooks, & Loewenthal, 2012; Orlans & Van Scoyoc, 2009). This theme of integration of theoretical approaches and the interaction of personal meanings that emerge through the therapeutic encounter is explored from both the perspective of the trainee as a client (as presented in the empirical study and the publishable paper), and in relation to the experience of the trainee as a therapist, which is further discussed in the professional case study.

**Section A: The empirical study**

This section consists of an original piece of research that aims to explore in depth the subjective experience of trainees as clients, and the meanings that they attribute to this experience in relation to their pluralistic Counselling Psychology training. The study uses semi-structured interview data obtained from a homogeneous sample of seven Counselling Psychology trainees with experience of personal therapy. The data was analysed using Interpretative Phenomenological Analysis (IPA), a qualitative methodology that prioritizes individual meaning and incorporates the researcher's subjectivity (Smith, Flowers, & Larkin, 2009). The research focused primarily on the ways in which trainees negotiate the meaning and purpose of their mandatory therapy in relation to their professional role, current social environment and personal needs and desire for therapy. Further attention is given to the interaction of meanings trainees assign to their roles as therapists and clients, and the ways in which they find these roles compatible or antithetical. Finally, this study highlights participants' reflections of their personal therapy as an integral component of their Counselling Psychology training and personal and professional development. The findings are discussed in relation to existing psychological theory and research, with implications for the training and practice of Counselling Psychology thoroughly considered.

**Section B: The professional case-study**

This section discusses an example of an integrative piece of clinical work undertaken during my training in Counselling Psychology, presented in the form of a professional case study. The focus of this section is to demonstrate my in-depth understanding of psychological theories and my reflective and sound application of theory into practice.

In this section I discuss my current understanding of the principles of Assimilative Psychodynamic Integrative therapy (Stricker & Gold, 2005) and critically explore my rationale for not following a purist approach. This report describes some central aspects of my work with a female client in her early twenties; the client was referred for long term therapy presenting chronic feelings of depression and anxiety, recurrent panic attacks, thoughts of suicide and experiences of dissociation and hyperarousal, all relating to previous traumatic experience. Given the client's complains and early observations of her reflective capacity, I discuss the choice to integrate more structured interventions informed by cognitive behavioural approaches (Ehlers & Clark, 2000; Huppert & Baker-Morissette, 2004; Strong, 2010) into the existing psychodynamic framework and therapeutic formulation that I followed (Bollas, 1987; Garland, 2002; Verhaeghe, 2008). This report was chosen to illustrate the importance of adapting the theory to the client, emphasising the potential for the therapeutic relationship to function as a vehicle for change (Walsh et al., 2013). In conclusion, this report aims to reflect my experience of integrative practice while critically examining the effectiveness of such an approach, as well as the impact on the therapeutic relationship from the perspective of the trainee Counselling Psychologist.

**Section C: Publishable paper**

This section presents an article version of the empirical study with the purpose of being published in the BPS journal for the Counselling Psychology Division, titled *Counselling Psychology Review*. The format of the text follows the guidelines provided by the journal in relation to articles based on a piece of original research. This journal was selected for its focus on issues of professional training and clinical practice for Counselling Psychologists in the UK. Publishing in this journal is expected to communicate the conclusions of this study within the wider community of Counselling Psychology trainees, trainers, and training therapists, further contributing with some critical and novel points to the on-going dialogue regarding the experiences of therapists as clients, and the meaning of personal struggles in the development of the therapist.

**References**


Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. London: Free Association Books.

British Psychological Society (BPS). (2006). *Division of Counselling Psychology. Professional practice guidelines*. Leicester: British Psychological Society (BPS).

Ehlers, a, & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, *38*(4), 319–45.

Garland, C. (Ed.). (2002). *Understanding Trauma: A Psychoanalytical Approach*. Karnac Books.

Huppert, J., & Baker-Morissette, S. (2004). Beyond the manual: The insider's guide to panic control treatment. *Cognitive and Behavioral Practice*, 2–13.

Larsson, P., Brooks, O., & Loewenthal, D. (2012). Counselling psychology and diagnostic categories : A critical literature review. *Counselling Psychology Review*, *27*(3), 55–68.

Orlans, V., & Van Scoyoc, S. (2009). Philosophical Considerations in Counselling Psychology. In *A Short Introduction to Counselling Psychology* (pp. 20–39).

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretive Phenomenological Analysis: Theory, Method, and Research.* (1st ed.). London: Sage Publications.

Stricker, G., & Gold, J. (2005). Assimilative Psychodynamic Psychotherapy. In J. Norcross & M. Goldfried (Eds.), *Handbook of Psychotherapy integration* (2nd ed., pp. 221–240). New York.

Strong, T. (2010). Staying in dialogue with CBT. *European Journal of Psychotherapy & Counselling*, *12*(3), 243–256.

Verhaeghe, P. (2008). *On Being Normal and Other Disorders: A Manual for Clinical Psychodiagnostics*. Karnac Books.

Walsh, Y., Dillon, S., Frankland, A., Kerr, C., Larsson, P., Nicholas, H., & Sugg, M. (2013). *Working relationally with Trauma: A discussion*. (James & Martin, Eds.). Leicester: British Psychological Society Division of Counselling Psychology.

# SECTION A :

# The empirical study

**Abstract**
As a discipline Counselling Psychology places considerable focus on models of reflective practice within its pluralistic and critical knowledgebase. To that end personal therapy is a defining requirement of Counselling Psychology training. Nevertheless, given the emphasis that the discipline places on the therapist's use of self and aspects of personal and professional development, there is limited understanding regarding the experiences of trainees as a unique client group. This study sets out to explore the therapeutic experiences of trainee Counselling Psychologists in the UK, with particular focus on the meanings that participants assign to their role as clients. Semi-structured and exploratory interviews were conducted with seven Counselling Psychology trainees who had been in personal therapy throughout their doctoral training. Data were analysed using Interpretative Phenomenological Analysis. Three Superordinate themes emerged from the data: In search of a narrative (defining purpose), Being a trainee, being a client, and Learning from therapy. The themes were complex and seemed to describe interpersonal and intrapersonal processes. The three superordinate themes further divided in to twelve Sub-themes, chosen to represent the diversity of the individual experiences claimed by the participants. Of particular interest was the pervasiveness of the concept of the therapist's vulnerability, and the ways in which trainee Counselling Psychologists attempt to make sense of their own experiences of vulnerability in relation to their developing professional identity. The findings of this study are expected to inform the current approaches to Counselling Psychology training and practice, and further highlight the importance of cultivating an introspective and critical attitude that allows for a greater appreciation of the sameness between client and therapist, and a more constructive acknowledgement of the influence of personal therapy in one's development as a therapist.

## Chapter 1: Critical Literature review

### Overview of the chapter

In this chapter I will discuss the philosophical position of Counselling Psychology in relation to the dominant models that guide the training and practice of the profession, along with the emerging epistemological tensions of these models with particular reference to implications for the requirement of personal therapy for Counselling Psychology trainees.

The rationale for personal therapy during training will be further explored in relation to the main assumptions held by the three dominant schools of psychotherapy, currently informing the theoretical base of Counselling Psychology.

Finally, the relevant empirical research studies on the use of personal therapy by therapists will be critically examined, with particular focus on the experiences of Counselling Psychologists as clients, aiming to identify the necessity for the current study to explore the experiences of Counselling Psychology trainees in therapy.

### Brief history and philosophy of Counselling Psychology

Counselling Psychology in the UK emerged in the late 1970s' as an attempt to bridge the scientific psychology with the humanistic values of counselling and psychotherapy (for detailed history see Orlans & VanScoyoc, 2009a). Until that time the two disciplines had developed separately and sometimes in competition, as a result of the tensions between the different approaches of natural science versus human science. This conflict continues today within the discipline of Counselling Psychology, and will be explained further in this section. In 1982 the BPS Working Party decided that counselling was a legitimate and relevant activity to be pursued by a psychologist and proceeded to propose the creation of the Section in Counselling Psychology, offering a professional home to many psychologists who had trained in various forms of psychotherapy and counselling (Orlans & VanScoyoc, 2009a; Strawbridge, 2006). Finally, the Division of Counselling Psychology achieved its current status within the BPS in 1994, and set out to define its unique professional identity through an emphasis on humanistic values and an integration of science with reflective practice (British Psychological Society (BPS), 2014; Lane & Corrie, 2006).

Influenced by post-modernist and contextual epistemologies (Larsson, Brooks, & Loewenthal, 2012), Counselling Psychology favors a critical theoretical pluralism which draws from all major traditions of psychotherapy and theories of human development, such as the psychodynamic, humanistic and cognitive-behavioural approaches, to inform it's knowledge base, accepting that no single model can account for "the truth", or the

complexity of human experience (BPS, 2014; Strawbridge & Woolfe, 2010; Orlans &VanScoyoc, 2009).

By engaging with the subjectivity of the human encounter, Counselling Psychology places great focus on the use of self and the person of the therapist (Rizq, 2010), which highlights the profession's grounding in models of reflective practice (Cushway, 2009; Rennie, 1994). To that end, personal development and particularly personal therapy are considered integral components of the training curriculum (Martin, 2010). This commitment to reflective practice is a defining characteristic of Counselling Psychology which, as Lane and Corrie (2006) summarise in their editorial of the 10th year anniversary of the discipline, has also "*proved to be our biggest obstacle to success– other divisions could not accept its role in scientifically-based professional practice*" (p.12). Having said that, counselling psychology is also thought to be different from counselling (Dryden, Mearns, & Thorne, 2000) and psychotherapy (Jacobs, 2000) through its foundations in the scientist-practitioner model (Bury & Strauss, 2006; Corrie & Lane, 2011), also evident by its accreditation through Professional Doctorate programs and alignment with the state regulations, which the psychoanalytic, psychotherapeutic and counselling professional bodies have thus far contested (HCPC, 2015; *The Maresfield Report on the Regulation of Psychotherapy in the UK*, 2009).

The attempt of Counselling Psychology to bring together contrasting epistemologies such as the scientist practitioner (Bury & Strauss, 2006; Corrie & Callahan, 2000) and the reflective practitioner model (Cushway, 2009; Schon, 1983), alongside its critical integration of diverse psychotherapeutic approaches has been challenged as "*logical absurdity*"(Williams & Irving, 1996, p.6), with some practitioners differentiating themselves actively from the scientist role (van Deurzen-Smith, 1990a). Rizq (2006) has argued that the theoretical mosaic of Counselling Psychology may pose significant difficulty for the trainees, who are required to adopt an open and critical stance towards theories, while trying to balance the diverse and often conflicting assumptions held by the different models with regards to role of the helper and the one in need of help (Martin, 2010; Orlans & VanScoyoc, 2009; Parker, 2006; Rizq, 2006). Trainee Counselling Psychologists occupy both these roles. According to the British Psychological Society guidelines for the training of Counselling Psychologists (BPS, 2014), trainees are required to undertake at least 40 hours of personal therapy during their training, while training programs may further adjust the number of hours accordingly. These contextual influences in the training and practice of Counselling Psychology bear the potential to shape the experiences of trainee-clients and are further explored in the following sections.

**Counselling Psychology: The scientist and the practitioner in therapy**

The two main models guiding the training and practice of Counselling Psychologists are the scientist-practitioner and the reflective practitioner model, each with their own assumptions and recommendations regarding psychological research and practice (Martin, 2010).

The scientist-practitioner model (Belar & Perry, 1992; Corrie & Callahan, 2000; Shapiro, 1985) has been most influential in the training and practice of Clinical Psychology and has also dominated the training framework of Counselling Psychology, as further evidenced by the introduction of the Professional Doctorate degrees in 2006. This model proposes a critical assimilation of psychological research into therapeutic practice, assuming that knowledge of and training in either one of the two areas in isolation is not adequate. As Jones and Mehr (2007) summarise, the scientist practitioner model, introduced in 1949, proposed an innovative approach that consolidates research with practice, assuming that the one must consistently inform the other in the process of developing the application of psychological services, creating a solid scientific database, and produce more socially involved practitioners that direct their research further into social issues. Shapiro (1985) has emphasised the model's attendance to the need for a holistic awareness of the client, as well as a deeper understanding of the practitioner's personal needs; nevertheless, over the years this model has also been criticised for depending largely on "*an outdated view of scientific activity which relies on a positivist philosophy of science*" (Corrie & Callahan, 2000 p.413).

In deconstructing the narrative of the scientist practitioner model one can identify the associations with medicalised approaches and observe the possible implications for the role of the therapist as an expert *problem-solver* (Middleton, 2015; Parker, 2002; Strong, Ross, Chondros, & Sesma-Vazquez, 2015; Barlow, Hayes & Milton, 1984; Frank, 1984). From the earlier days of the formation of the Division , practitioners had argued for the impossibility of a human science to bring about the discovery of laws similar to natural sciences (Rennie, 1994), and had warned against the colonisation of scientism and experimental approaches which bear little relevance to clinical practice (van Deurzen-Smith, 1990). Orlans and VanScoyoc, (2009) propose that this grounding in scientific psychology poses significant dilemmas for practitioners today, given the current dominance of the medical model in psychological services (Davies, 2013; Middleton, 2015; Sanders, 2007), and an ongoing pressure to conform with evidence-based practice that is informed by the golden rule of RCT, otherwise highly contradictory to Counselling Psychology's humanistic value base and phenomenological inquiry (Guy, Loewenthal, Thomas, & Stephenson, 2012; Larsson, Brooks, & Loewenthal, 2012; Middleton, 2015).

The reflective practitioner approach was initially introduced by Schon (1983) in response to the observed limitations of the scientific methods to capture the human experience. In relation to the training and practice of Counselling Psychology, Martin (2010) suggests that the reflective practitioner model offers an alternative epistemology which argues for the in-depth examination of our own processes as an inextricable part of learning and development. Reflective practice is hard to define (Cushway, 2009); Stedmon and Dallos (2009) differentiate between *reflective practice* and *personal reflexivity*, as distinct yet equally important process. According to these authors, reflective practice involves "*a successive process of analyzing and reanalyzing important episodes of activity, drawing on multiple levels of representation*" (p.4), requiring intense engagement with the lived experience in the moment, a process that is in action during the therapy session. Personal reflexivity involves the process of looking back on ones' reflections and further analyzing their origins and relevance, as they become the object of such examination. These authors strongly advocate for the necessity of reflective practice in the training programs of psychotherapy and counselling, however they also argue for a critical appreciation of the assumptions made when evaluating an emotionally invested lived experience, which is "*not neutral"* nor "*unbiased"* (p.4) in nature.

Similarly, working with the lived experience is highly relevant to the phenomenological scope of Counselling Psychology (Martin, 2010) and is reflected in the training curriculum through the use of personal professional development (PPD) groups and the requirement of personal therapy. Problems arise once again when attempting to quantify the impact of such experiences and to formally assess personal qualities in relation to a competency-based framework, as adopted by training institutions and the NHS, to evaluate the professional development of Clinical and Counselling Psychologists (*The NHS Knowledge and Skills Framework (KSF) and Clinical Psychology Training*, 2006). This approach corresponds to Schon's objections to *molecular* and standardised knowledge that is seen as independent of context (Martin, 2010; Parker, 2002), and for such reasons it is often contested that Universities and other higher education institutions may not be appropriate places for training in counselling and psychotherapy, and consequently it is possible to infer in Counselling Psychology (Parker, 2002; Strong, Ross, Chondros, & Sesma-Vazquez, 2015).

As Strawbridge and Woolfe (1996) critically reflect, the identity, roles and activities of Counselling Psychologists cannot be understood in isolation from the economic, political and social contexts in which practitioners operate. The request for evidence-based practice in Psychology has emerged through initiatives to improve the provision of psychological services; nevertheless it remains a heated issue of debate with clear political narratives, as it incorporates issues of affordability and achievability in defining the quality of evidence (for

further discussion see Mair, 2015; Guy et al., 2012; Corrie & Lane, 2011; Parker, 2006; Shapiro, 1996), while the question of what is considered best practice and the basis of deciding this remains a highly problematic yet not adequately problematized area (Cotton, 2015; Shedler, 2015; Davies, 2013; Kendall & Cochrane, 2007; Loewenthal, 2015; Pilgrim, 2009).

In recent years Counselling Psychologists have argued for the need to redefine the basis of the scientist practitioner model to incorporate a broader definition of *what is science* (Corrie, 2010), endorsing scientific and research methods that represent the ways Counselling Psychologists practice (Bury & Strauss, 2006). Bury and Strauss (2006) further reflect on the importance of adopting a critical perspective towards both science and practice and identify strongly with a position of *problem setting* rather than *problem solving*[1] in the critical dilemma posed by Strawbridge and Wolfe (as cited in Bury & Strauss, 2006) with regard to the dominant medicalized discourse in therapeutic practice. The identification of Counselling Psychology with alternative phenomenological epistemologies and a *practice-led inquiry* has the potential to "*radically reshape the concept of science in counselling psychology practice"* (p. 117, Bury & Strauss, 2006).

In response to such observations it has also been proposed that Counselling Psychologists need to show an increased capacity to develop multiple identities in the process of negotiating the many different ways to approach the human condition (Goldstein, 2010; Rizq, 2006), making further use of empirical findings supporting the emphasis on effects of common factors rather than specific interventions (Douglas & James, 2014; Norcross & Wampold, 2011; Roth & Fonagy, 2006). This brings us back to the relevance of personal development and personal therapy for Counselling Psychologists. Personal therapy in particular is suggested as a way to cultivate elements of reflexivity and reflective practice in trainees which further encourage an intersubjective focus and a holistic approach, thus encompassing elements of both the scientist-practitioner and the reflective practitioner approach (Martin, 2010).

**The issue of personal therapy**

As stated above, the requirement for personal therapy during training places Counselling Psychology trainees at a different position from their colleagues in other professions such as counselling or psychotherapy, given the discipline's pluralistic scope and attempt to integrate multiple epistemologies within its scientific knowledge base (Rizq, 2006, 2007) .

[1] This comparison was originally introduced by Schon (1987).

The BPS (2006; 2014) holds that, by embracing subjectivity and adopting a relational approach, Counselling Psychologists are trained to value the importance of personal development and the therapist's use of self. To that end personal therapy has been considered an important and distinguishing component of the formal training requirements in Counselling Psychology, being the only division of the applied psychologies that requires personal therapy as a means of personal and professional development of trainees.

Donati (2002) amongst others has described how the concepts of personal and professional development are interrelated and experienced as intertwined by trainees (Donati & Watts, 2005; Irving & Williams, 1999). Johns (1996) further emphasises the need to recognise "*the inevitable interplay*" between our personal and professional selves, and argues that even though these two concepts need to be kept separate for semantic and training purposes, "*each inextricably contains the other"* (p10). The simplest example to support this notion could be that many times aspects of professional development include more personal dimensions, such as issues of counsellors' self-care, fitness to practice, and counsellors' personal therapy (Elton-Wilson, 1994; Skovholt and Ronnestad ,1996). McLeod and McLeod (2014) further identify potential tensions between "*the need to be organized, professional, and in control when working with clients*" and the invitation to "*let go*" and "*open up*" (p.33) for the purpose of personal therapy during training. In addition, opponents of the practice have argued that the imposition of personal therapy is antithetical to humanistic principles of counselling and psychotherapy, while "*the wisdom of mandatory therapy for those who are 'well' is questionable*" (Atkinson, 2006, p.408), giving further consideration to issues of confidentiality and dual roles affecting trainee-clients.

According to the BPS Standards for the accreditation of Doctoral programs in Counselling Psychology (BPS, 2014), the trainee will "*understand the experience of therapy through active and systematic engagement in personal therapy, which will enable them to:*

> *(i) Demonstrate an understanding and experience of therapy from the perspective of the client, which will be utilised to guide their own practice;*
> *(ii) Demonstrate an understanding through therapy of their own life experience, and understand the impact of that experience upon practice;*
> *(iii) Demonstrate an ability for critical self-reflection on the use of self in therapeutic process* (p.24).

Reading through these objectives one can observe the complex interplay between the personal and professional aspects discussed earlier, while there are further recommendations for the educative role of personal therapy for trainees "*to monitor and evaluate their therapeutic practice*" (p.25). The mandate to know or to become to know

oneself through personal therapy seems to underlie the rationale of therapy as a training requirement, while one wonders about the potential problems that this position may hold for the trainee-client.

As stated above, the issue of mandatory personal therapy has been subject to considerable debate (Atkinson, 2006; Chaturvedi, 2013; Rizq, 2011). The following section aims to offer a comprehensive and parsimonious summary of the rationale guiding the personal development and personal therapy requirements of counselling and psychotherapy trainings in the three main approaches informing the training curriculum and practice of Counselling Psychology. Subsequently, the chapter will focus on a critical review of the empirical studies on the subject of personal therapy for therapists, with a further focus on the experiences of Counselling Psychologists.

## Schools of psychotherapy: Perspectives on personal therapy during training

### Personal therapy in psychodynamic training

From the early days of psychoanalysis, personal analysis was understood to be the essential process in an analyst's formation. In this influential text on "Recommendations to physicians practicing psychoanalysis" Freud (1912) maintained that it is imperative for the analyst to go through the process of "psychoanalytic purification" and resolve one's own unconscious complexes (while communicating this process to an other), before being able to observe and work with such processes with their patients. Effectively this was the beginning of the tradition of the *training analysis*[2]*,* which over the years became an institutionally integrated component of psychoanalytic training, one of the three core components of training as an analyst, alongside academic seminars and the supervised clinical practice (for detailed a history, see Cabaniss & Bosworth, 2006; Jacobs, 2011; Balint, 1954).

Freud (1937) further maintained that ones' training analysis is never fully complete while becoming an analyst came with the acceptance that analysis has no ending, and therefore there cannot be a pre-prescribed end to it, or a pre-set goal. As Leader (2006) clarifies, psychoanalytic training aims at a questioning towards the actual search for the goal, rather than a prescribed process of progression between training stages, after one has accumulated the necessary skills and knowledge. Subsequently a training analysis would entail interrogating the choice to train as an analyst, similar to a process of accession in a religious office as Leader (2006) describes.

[2] Term used to designate the psychoanalytic therapy of trainees in psychoanalytic and psychodynamic training programs (Davies, 2009; Kernberg, 2012)

In his recommendations offered to practitioners Freud (1912) made a further point to distinguish psychoanalysis as a research instrument producing scientific knowledge, and as a therapeutic practice, aiming to cure those in suffering. Through this distinction, the analyst is advised to abandon any theoretical attachments and claims of expertise and instead occupy the position of someone *who does not know*. These early notions reflect the dual role of personal therapy within the psychodynamic model, to educate and to treat the *neurotic* candidates (Eisendorfer, 1959).

The psychodynamic paradigm consists of many different theoretical schools (for example Freud, Klein, Jung, and Lacan) each introducing their own ideas with regards to the human condition and the therapeutic encounter. In general some distinct premises of the psychodynamic approaches include the acceptance of a distinction between conscious and unconscious processes, the identification of early experiences as formative for later patterns of relating with self and others, an interrogation of the function of language in shaping and uncovering experience, and a focus on symptoms as relational structures and manifestations of underlying intrapsychic conflicts (Greenson, 1967; Leader, 2006; Verhaeghe, 2008). The relationship with the analyst is central in psychoanalysis, as significant material is worked through by understanding transferential responses.

The majority of-if not all- psychoanalytic training programs nowadays require their trainees to be in training analysis for a year prior to the commencement of their studies, with training analysis continuing throughout the duration of their training usually for three to five sessions a week, requiring the investment of considerable emotional and financial resources on behalf of the trainees (Davies, 2009; Rizq, 2011). Due to the personally intense nature of psychoanalytic work, it has been argued that psychoanalysts practice a profession that places them at constant vulnerability and risk by staying with what patients find most disturbing, and personal analysis is therefore a prerequisite for safe practice (Lasky, 2005). It is also interesting to note that analysts and psychoanalytic psychotherapists are potentially "*trained from their weaknesses; all other professions build on their strengths"* (Coltart, 1993, p.39), which further reflects the belief in the significance of training analysis, as well as its' potentially paradoxical purposes.

Cabaniss and Bosworth (2006) critically summarise the relevant psychoanalytic literature and propose five main aims of training analysis: to analyse the novel therapist, equivalent to *"honing the analytic instrument*" (p.221); to educate the novel analyst in psychoanalytic technique through personal exposure; to provide support throughout the educational experience, address difficulties in learning and explore countertransference issues; to give the candidate an understanding of their own unconscious and develop empathy for their own

patients; to foster a conviction about the efficacy of psychoanalysis as a valid treatment through working through ones' personal complexes. These authors clearly differentiate between the experience of training and *non-training* analysis (p 223) and even though they acknowledge that candidates are chosen based on their suitability as clients for psychoanalysis, they further challenge the notion that training analysis should resemble nontraining analysis as much as possible.

Despite the recognized status of training therapy in the training curriculum, there has been much debate and controversy over the issue of mandatory therapy within the psychoanalytic community (Kernberg, 2012,1996; Jacobs, 2011; Frank, 2010; Cabaniss & Bosworth, 2006; Desmond, 2004; Fleming & Weiss, 1978; Balint, 1954; Nielsen, 1954). Many conflicting views regarding the need of the trainee analyst have been put forwards over the years (Fleming & Weiss, 1978; Gabbard & Ogden, 2009; Windholz, 1955; Wyatt, 1948), with some writers proposing that the aim of training analysis should be to make *a patient out of the analyzand,* or even aim to recruit mainly "neurotic" candidates (for example Nielsen, 1954). In contrast, others have interpreted the positive influence of personal therapy on the psychotherapist's mental functioning through a suggestion that "healthier" or less disturbed therapists foster greater positive change in their patients (Garfield & Bergin, 1971a). Having said that, Lacan (1953) developed a polemic argument and consistently challenged the formalization (¶284) practices of the dominant training institutes of his time, warning against the possibility of analysts practicing a "psychology of knowledge", with training analysis fitting in with rather than disturbing this narrative.

More recently some of the problematic points over the purpose of training therapy include the lack of assessment of the needs of candidates for therapy, issues around the timing that candidates start therapy or whether there should be a preset duration time, considering potential dynamics of dependency towards the therapist to complete one's training (Jacobs, 2011). Further issues relate to concerns about anonymity, as trainees often belong in the same professional circle as their training therapists, who are also often recommended by the training institute. This dynamic may have further implications for the experience of ones' analysis, potentially creating an agenda of issues to be avoided (Cabaniss & Bosworth, 2006; Davies, 2009; Fleming & Weiss, 1978). Even though training therapists have not been required to report back on the candidates' progress since the 1970s' (Frank, 2010), issues of power in training therapy are still greatly contested (Valentine, 1996), as pre-training therapy continues to be an entry requirement for most psychoanalytic trainings (Davies, 2009).

Frank (2010) and other contemporary writers further differentiate by emphasizing the need to stop treating training therapy as the "*centerpiece"* or the "*core*" component of the training

(Balint, 1954), and opt for a more balanced view of the experience acknowledging that different people (trainee-clients) will be affected in different ways. Furthermore, Kernberg (2012) strongly argues for the innovation of psychoanalytic education and proposes the abolishment of mandatory therapy as a necessary step towards constructive change. According to Kernberg, personal analysis should be kept completely separate from educational components, thus "*operate against irresolvable transference idealization*" which places the training analysts as "*superior psychoanalyst, expert supervisor, gifted seminar teacher, and wise administrator*" (p.714).

**The focus of the humanistic approaches on personal development**

This section focuses primarily on the person-centred school of psychotherapy(Mearns & Cooper, 2005; Mearns & Thorne, 2010; Rogers, 1967) however it also highlights important similarities shared between humanistic approaches, such as Gestalt (Clarkson & Cavicchia, 2014; Elliot & Partyka, 2005; Perls, Hefferline, & Goodman, 1951) and Existential therapies (Elliot & Partyka, 2005; Yalom, 2002) which approach personal development work as integral to therapy training and practice.

Rogers (1967) saw the therapeutic relationship as initiated by the need for more congruent living by the client, which is met by a systematic approach of empathy, congruence, and unconditional positive regard on behalf of the counsellor. The therapist's *use of self* and *self-knowledge* are essential to offer the client the therapeutic conditions and the experience of a safe relationship, one that allows painful feelings to be acknowledged potentially for the first time (Gillon, 2007; Mearns & Cooper, 2005). Mearns and Cooper (2005) argue that self-awareness and self-acceptance is enormously helpful as it allows the counsellor to draw from the depths of her own relational experiences to connect with others. Despite the struggles that bring one to the therapist's doorstep, humanistic practitioners tend to view clients as autonomous and inherently driven towards self-actualisation (Mearns & Cooper, 2005; Mearns & Thorne, 2010; Rogers, 1967), rather than conflicted and divided by opposing desires, as in the case of psychoanalysis (Leader & Corfield, 2008; Verhaeghe, 2008). Gillon (2007) also clarifies that person-centred and existential practitioners focus on understanding the client's lived experience, and they do not assume expertise through the use of interpretation, as in psychoanalysis, nor adopt the role of a "teacher" (p.182) which may underlie the practice of cognitive behavioural therapy. From a person-centred perspective, the therapists' work is to ensure that the therapeutic conditions are met sufficiently for positive psychological growth to take place (Gillon, 2007; Mearns et al., 2013; Mearns, 1997).

In order to be able to facilitate these therapeutic conditions for one's clients, therapists are expected to devote considerable resources to developing an attitude of personal *fearlessness* and *stillness* (Mearns, 1997,p.94) required for working with clients at relational depth (Mearns & Cooper, 2005). The responsibility of the training programs is to ensure that their counsellors are exposed to a variety of relevant learning contexts that foster the process of personal development, through facilitating in-depth awareness and understanding of the self and encouraging experimentation with new ways of relating to self and others (Gillon, 2007; Mearns, 1997, 2003).

The values and principles guiding humanistic training are reflected in Rogers (as cited in Gillon, 2007) statement that "*no student can or should be trained to become a client-centred therapist*" (p.168), as the qualities and attitudes required for such deep relational work cannot be reduced to measurable and learnt competencies but rather comprise of *"personal qualities and attitudes that are considered unique, both in their acquisition and manifestation"* (p.168). Following this approach, Mearns (1997) suggested that often person-centred courses may resemble therapeutic communities. Many significant processes are thought to take place in a group context, such as experiential workshops, PPD groups, and the large group experience, which are integral components of person-centred, existential (Gillon, 2007; Mearns & Thorne, 2010), and gestalt trainings (Philippson, 2013). Such experiences are considered to facilitate the trainee's self-awareness through expanding one's understanding of their relations with others, while the group setting can also be used to work through personal issues when appropriate. It has been argued that through experiential groups trainees have the chance to engage in a wider matrix of social relations and exchange feedback with many different people (Dryden, Mearns, & Thorne, 2000; Gillon, 2007; Mearns & Cooper, 2005), even though some experiences may not be suited for everyone (Gillon, 2007)[3].

Personal therapy is recognised for its potential to provide the trainee with opportunities to learn about the self and therefore further develop as a counsellor, and it appears that even though it is not mandatory, humanistic practitioners tend to engage with psychotherapy and report to find it highly valuable to their practice (Elliot & Partyka, 2005). Mearns (2003) proposes that personal therapy may provide a helpful experience of being in a less powerful position, while Elliot and Partyka (2005) assert that personal growth is a consistent commitment within the practice of the humanistic therapeutic traditions, and conclude that most humanistic therapists would not "*authentically ask a client to engage in a given therapeutic process unless he or she has also been through it*" (p.39). Having said that,

[3]Gillon (2007) cites Brodley and Merry (1995) who discuss how some trainees may struggle with the emotional intensity of the large group experience and offer relevant recommendations for alternatives.

personal therapy is considered to relate to matters of an intimate nature and the personal needs of the trainee, and therefore some would argue that it is insufficient to meet the diverse and wider demands for personal development work during training (Gillon, 2007; Mearns & Cooper, 2005; Mearns & Thorne, 2010; Mearns, 2003). Gillon (2007) further notes that as uniform and predetermined training might be problematic, a compulsory requirement to attend personal therapy would be seen as highly incongruent to the principles and values of person-centred and existential trainings, and notes the only humanistic practitioners who are expected to adhere to this practice are the Counselling Psychology trainees.

Personal therapy is not enough to meet the multifaceted and on-going demands of personal development work according to Mearns (2003), as the type of personal growth work undertaken during training aims to help the trainee counsellor gain a broader and deeper understanding of issues that may challenge one's practice. The author asserts that such issues can remain unspoken for years in one's personal therapy, given that they are not introduced by the trainee-client who may well be unaware of them! Another alternative suggested by Mearns (2003) is that of "training therapy", distinct from personal therapy in its primarily educational focus to help the trainee resolve any difficulties with their personal development, and further facilitate the experimentation with the self. This type of training therapy aims to provide the trainee with experiential learning, help them develop empathy and capacity for genuineness and authenticity, and further support them through the stress and vulnerabilities encountered during the training years (Elliot & Partyka, 2005; Rennie, 1998).

**Cognitive-behavioural therapy and reflective practice**

Cognitive-behavioural therapies (CBT) differentiate by the degree of their cognitive or behavioural focus, with more recent third wave CBT approaches further incorporating contextual elements and mindfulness meditation techniques (Beck, 1979; Hill, 2012; Padesky, 1994; Proeve, 2010). Despite their differences, all CBT approaches seem to accept that our thoughts, emotions, behaviours, and physiology continuously interact, and by changing our thoughts or the way we relate to our thoughts, we also bring about change to the other components of our experience. Consequently it follows that psychological disturbance develops through distorted thinking patterns that may lead to maladaptive interpretations, occurring at different levels of cognition (*automatic thoughts, core beliefs, schemata*) (Bennett-Levy, McManus, Westling, & Fennell, 2009; Levy, 2010; Padesky, 1994).

CBT developed as a disorder-specific approach (Moorey, 2010) and is widely recommended as a primary mode of treatment in mental health care settings, often alongside medication (www.nice.org.uk). Following this paradigm, the therapists' effectiveness seems primarily understood to depend on their technical skills and competencies (Mearns, 2004; Pilgrim, 2009). Nonetheless Beck (as cited in Proeve, 2010) also saw therapists' warmth and empathy, and the *core conditions* previously suggested by Rogers (1957), as highly potent ingredients, necessary to form facilitative relationships with the clients and invite them to engage in a process of "collaborative empiricism" (Beck as cited in Moorey, 2010, p.199). Moorey (2010) asserts that it is these qualities of the therapeutic alliance that enable the therapist to use *"questioning and guided discovery to demonstrate that the beliefs are extreme or unhelpful*" rather than merely "*tell the patients their beliefs are unfounded*" (p.199).

The quality of the therapeutic relationship and therapist's qualities are considered important components of cognitive-behavioural practice (Larsson & Sugg, 2013; Levy, 2010; Proeve, 2010; Sloan, 1999), however personal therapy or other kinds of personal development experiences do not have a very long history within the cognitive-behavioural therapies (Proeve, 2010; Laireiter & Willutzki, 2005; 2003). Given the educative and disorder-specific focus of CBT (House & Loewenthal, 2002, 2008; Mearns, 2004; Moorey, 2010) and the lack of adequate research evidence regarding the contribution of personal therapy in clinical work, personal therapy was never recommended as a valid training requirement for trainees (Laireiter & Willutzki, 2005; Mcnamara, 1986; Parker, 2010). It has been noted that this difference in the training requirements of personal therapy could also express the cognitive-behavioral paradigm's desire to differentiate from psychoanalysis, at least back in the early days of practice (Laireiter & Willutzki, 2005).

In general, an obligatory requirement of therapy would not be consistent with the application of CBT, which requires consistent engagement and motivation on behalf of the client; it is argued that personal therapy during training may be needed for some few trainees who face personal problems, as therapy can help them *correct their personal problems and their dysfunctional personal and interpersonal style*, but is not required by all (Laireiter & Willutzki, 2005). Issues around the self-development of the therapist have been explored in more recent years as they have been associated with more positive therapeutic outcomes (Binnie, 2012; Goldfried & Davila, 2005; Larsson & Sugg, 2013). Reflective practice is now considered an essential component of therapeutic work (Binnie, 2012; Levy, 2010). Activities like sensitivity work usually taking place in groups, as well as the self-application of cognitive-behavioural techniques have been suggested to enhance personal well-being and therapeutic skills (Bennett-Levy et al., 2009; Binnie, 2012; Laireiter & Willutzki, 2003, 2005).

Findings from empirical studies suggest that about fifty to sixty percent of CBT therapists engage in personal therapy, however it appears that it is highly unusual for CBT practitioners to undergo CBT therapy themselves (Laireiter & Willutzki, 2005; Norcross & Guy, 2005; Parker, 2010). It has been argued that personal experience of CBT therapy could be particularly beneficial for therapists who may gain a deeper sense of empathy towards their clients' difficulty to monitor their thoughts and challenge their behaviour, and further offer the novice therapists a conviction in the appropriateness of the approach (Proeve, 2010). Proeve (2010) highlights that a notable exception is observed in the practice of mindfulness-based cognitive-behavioural therapy (MBCBT), an approach that has a "*strong expectation*" (p.153) that therapists participate in MBCBT groups throughout their training, while practitioners are also expected to practice what they preach and remain committed to their personal practice of meditation.

Despite the focus of the cognitive-behavioural schools on technical expertise and the absence of any requirement for personal therapy, the importance of the therapeutic alliance (Sloan, 1999) and reflective practice in relation to successful therapeutic work is well supported by CBT practitioners (Laireiter & Willutzki, 2005; Levy, 2010; Strong, 2010). As Laireiter and Willutzki (2005) summarise, "*self-reflection is no luxury but a necessary component of therapeutic practice. Accordingly, it may be regarded as a criterion of the quality of therapeutic practice in CBT*." (p.49).

**Parallels with Counselling Psychology**

As observed in the above sections, the approach towards personal therapy varies both between as well as within the different schools of psychotherapy. The role of personal therapy in Counselling Psychology training appears comparable to the institutionalized role of training therapy in the psychodynamic training curriculum, posing similar conflicts with regards to the ambiguous role of therapy to educate or to "heal", and contested problems of confidentiality and anonymity. A significant difference between the two relates to the implications of training within an academic setting, as in the case of Counselling Psychology, as opposed to a training institute (Parker, 2002; Strong et al., 2015), with further implications relating to the dynamics of statutory regulation (HCPC, 2015) which psychoanalytic organizations have strongly objected as antithetical to the principles of psychotherapeutic practice (Ingham, 2010; *The Maresfield Report on the Regulation of Psychotherapy in the UK*, 2009).

As mentioned earlier, the phenomenological and intersubjective focus of Counselling Psychology is strongly influenced by its humanistic value base. Similar to the Person-Centred approaches, Counselling Psychology rejects the dominance of models of pathology

that reduce those who seek our support into their symptomatology (Larsson et al., 2012; Mearns, 2004; Middleton, 2015; Orlans & VanScoyoc, 2009), advocating instead for a holistic, phenomenological, and critical approach that values personal meaning. This is reflected through the emphasis of the humanistic approaches on the value of personal development and a focus on the therapist's personal qualities, which also informs the training curriculum of Counselling Psychology. Finally the cognitive behavioural approach shares considerable grounds with the practice of Counselling Psychology, given their mutually collaborative approach towards the client and the role of the practitioner as a facilitator of the client's process of self-development.

Nevertheless, the gradual dominance of a *diluted* CBT model of therapy within the NHS therapy services (Cotton, 2015; Pilgrim, 2009) and the development and expansion of standardized treatment protocols corresponding to categorical diagnosis with a clear political narrative (Cotton, 2015; Guy et al., 2012; Layard, 2005; Loewenthal, 2015) alongside the use of medicalised and restrictive language (Mair, 2015; Guy et al., 2012; Rizq et al., 2010; Rizq, 2009;Kendall & Cochrane, 2007) could pose challenges for trainee practitioners, whose experiences of training and personal therapy may be contradictory to models they encounter in practice. Strong et al., (2015) looked at the discourses of Counselling and Counselling Psychology programs alongside the impact of the statutory regulation of mental health and counselling professions (for example HCPC, 2015), and suggested that tensions arise when "*no singular discourse (such as medicalization) finalizes meanings and practices*" (p.242); these authors concluded that "*Irrespective of what students might have learnt in their graduate counsellors education, a medicalizing (diagnose-and-treat) logic awaits them in practicum settings and internships, and the jobs that they hope to step into after graduation*"(p.243).

Through reflecting on the epistemological differences of the main therapeutic approaches informing Counselling Psychology, and briefly evaluating the significant influence of the contexts in which trainees and qualified therapists practice, it appears that Counselling Psychologists are required to develop significant capacity to *balance pluralism (*p.613) from early on in their training, as Rizq (2006) poignantly reflects, while continuing to negotiate their multiple identities throughout their career, as Goldstein (2010) proposes. A commitment to personal development and reflective practice, and a systematic engagement with personal therapy present a distinct characteristic of Counselling Psychology. As shown throughout this section, this approach to practice is influenced by the discipline's allegiance with the humanistic, cognitive-behavioral and the psychodynamic schools respectively. The ways in which trainees and qualified therapists experience their personal therapy and evaluate its' relevance to their personal and professional development are explored in the

following section with reference to empirical research studies.

**What is the evidence?**

The following sections will explore the empirical evidence from quantitative studies relating to the characteristics of therapists as clients, common reasons for engaging with therapy, the arguments for and against the practice of training therapy, the influence of theory on practice and the documented impact on clinical outcomes, alongside relevant critical evaluations. Subsequently, the qualitative studies looking into the experiences of therapists as clients will be discussed in depth, with further focus on the experiences of Counselling Psychologists and Counselling Psychology trainees.

**Quantitative studies**

**The therapists**

The accumulation of research evidence over the last few decades has shown that the population of *therapists* is highly diverse and hard-to-define (Geller, Norcross, & Orlinsky, 2005), consisting of psychologists, psychiatrists, social workers, counsellors, psychotherapists and nurses. Generally *therapists* practice what they preach (Norcross, 2005; Rizq, 2010), as it seems that in proportion to the general population therapists tend to be the largest consumers of long term psychotherapy, attending therapy more often than other clients and with seemingly greater enthusiasm (Deacon, Kirkpatrick, Wetchler, & Niedner, 1999; Holzman, Searight, & Hughes, 1996; Norman Macaskill & Macaskill, 1992; Macran & Shapiro, 1998; Norcross &Guy, 2005; Norcross, Strausser-Kirtland, & Missar, 1988; Orlinsky & Ronnestad, 2005). It is worth noting that despite this documented overrepresentation of therapists as clients, there is limited and inconclusive literature regarding the needs and characteristics of therapists as clients (Bike, Norcross, & Schatz, 2009; Chaturvedi, 2013; Clark, 1986a; Macran & Shapiro, 1998; Wigg, Cushway, & Neal, 2011). Some authors conclude that therapists are comparable to any other client group with regards to the issues that bring them to therapy (Geller et al., 2005; Pope & Tabachnick, 1994b; Norcross, Strausser-kirtland, & Missar, 1988), while others argue the opposite and discuss the need for special consideration of the complexities of therapists as clients (Davies, 2009; Garfield & Bergin, 1971a; Mcnamara, 1986; Rizq, 2006; King, 2011). According to Ivey, (2014a) the complexity around mandatory personal therapy is largely generated by the tripartite role status of trainees, who are clients, therapists and apprentices to the profession at the same time. In that sense it is possible to argue that trainees are a distinct client group.

**The evidence: for and against**

Through their fifteen year longitudinal study of nearly 5,000 psychotherapists, Orlinsky and Ronnestad (2005) reported that, regardless of career level and theoretical orientation, psychotherapists rank their own personal therapy as one of the most constructive influences on their current development, facilitating their personal and professional growth. The vast majority of studies suggest that personal therapy is thought to have a positive influence upon the personal and professional development of the practitioner, relating to interpersonal and intrapersonal factors. Perceived benefits include increased sense of empathy and respect towards the clients, enhanced self-awareness, countertransference awareness, interpersonal skills, first-hand experience of therapy, working through personal conflicts, receiving support with interpersonal difficulties and aspects of training, and gaining conviction about therapy's effectiveness (Chaturvedi, 2013; Clark, 1986; Geller et al., 2005; Macaskill & Macaskill, 1992; Macran & Shapiro, 1998; Orlinsky, Schofield, Schroder, & Kazantzis, 2011; Pope & Tabachnick, 1994a; Wigg et al., 2011; MacDevitt, 1988). Norcross, (2005) reflecting on 25 years of research, argues that personal therapy is "*an emotionally vital, interpersonally dense, and professionally formative experience*", central in the formation of psychotherapists, and warns against the primacy of technique-based trainings that quickly become "*arid, disembodied, and decontextualized*" (p.840).

Therapists appear to generally favor personal therapy, despite also reporting various negative experiences, such as family and relationship conflicts, becoming 'too reflective', dual roles and concerns of confidentiality (Dearing, Maddux, & Tangney, 2005; Norman Macaskill & Macaskill, 1992; MacDevitt, 1988; Macran & Shapiro, 1998; Norcross et al., 1988; Williams, Coyle, & Lyons, 1999a). It has been suggested that undertaking therapy early on in one's training may place the trainee in a vulnerable position, imposing additional emotional and financial strains during the demanding period of training, leaving them preoccupied with their own personal issues and conflicts, thus potentially making them less able to engage effectively with clients (Pope, & Tabachnick, 1994; Buckley, Karasu, & Charles, 1981; Garfield & Bergin, 1971; Macaskill & Macaskill, 1992). A UK survey conducted by Williams et al. (1999) exploring counselling psychology trainees' views on personal therapy suggests that trainees may use the learning experience of therapy better once personal issues have been dealt with. This study reports that the majority of the respondents (88%) favored the personal therapy requirement during training, even though a percentage of the participants (38%) reported some negative effects as well (marital problems, emotional withdrawal, destructive acting out, and increased distress). Moreover, in a survey of Clinical and Counselling Psychology trainees McEwan and Duncan (1993) further identified that despite the positive ratings, eighty-three percent of the participants saw

at least one risk for harm through their therapy, which most often included issues with dual relationships and confidentiality within the trainees' therapy. Sixty-two percent of the sample reported not being assessed for their suitability to attend therapy at that point in their lives, while almost half of them were required to attend therapy by their training course, and many (49%) were not able to choose their therapist.

**The reasons and motivation to attend**

The critical review of relevant studies reveals a complex interplay between personal and professional needs and demands when considering the diverse reasons for which therapists attend personal therapy (Deacon et al., 1999; Garfield & Bergin, 1971a; Geller et al., 2005; Macran & Shapiro, 1998; Orlinsky et al., 2011; Wigg et al., 2011). Pope and Tabachnick (1994b) found that psychologists go to therapy when confronted with personal difficulties, comparable to the general population, such as depression, suicidal thoughts, and harmful behaviours, such as drug and alcohol abuse, a finding which is replicated across studies (for e.g. Holzman et al., 1996; Norcross et al., 1988; Norcross, 2005). The high prevalence of therapy has often been linked with the increased job-related stress of practicing as a therapist across different career levels (Darongkamas, Burton, & Cushway, 1994; Holzman et al., 1996; Macran & Shapiro, 1998). It has also been suggested that therapists may be driven to therapy by the same issues underlying one's choice to become a therapist, hence the wounded healer paradox (Hadjiosif, 2015; Orlinsky et al., 2011; Sussman, 2007; Dicaccavo, 2002), a narrative that remains influential in the selection of candidates for clinical/counselling trainings(Adams, 2014; Ivey & Partington, 2014).

Further evidence relating to the experience of personal therapy has been obtained from various studies exploring the increased concerns of trainees and qualified practitioners about issues of confidentiality and stigma within the community of therapists (Holzman et al., 1996; MacDevitt, 1988; McEwan & Duncan, 1993). Trotter (2006, as cited in Chaturvedi, 2013) has suggested that clients may be both voluntary and involuntary, as their choice to attend therapy is partly due to compliance with external pressures; when applied to the case of trainee psychologists, this experience may fuel fears of being labelled as problematic for not attending (Chaturvedi, 2013), or feed into a culture of comply or risk not qualifying (Davies, 2009). Such concerns appear to influence therapist's help-seeking behaviours and use of personal therapy, especially during the time of one's training when issues of confidentiality may further relate with *very real* concerns about personal evaluation and professional progression (Davies, 2009; Dearing et al., 2005; Hadjiosif, 2015; Lasky, 2005; Tribe, 2015). It is worth noting that relevant ethical dilemmas seem to impact both trainees

who seek therapy and therapists offering mandatory therapy (Gabbard, 1995; King, 2011; Ivey, 2014).

**Theoretical influences and client outcomes**

Geller et al. (2005) reported that psychodynamically-oriented practitioners had the highest rates of personal therapy (82-94%), followed by those of humanistic orientation, while cognitive-behavioral therapists reported the lowest rates of attendance (44-66%). Furthermore, the majority of therapists, including those from cognitive-behavioural approaches, chose psychodynamically-oriented therapists for their personal therapy (Darongkamas, Burton, & Cushway, 1994; Guy, Stark, & Poelstra, 1988; Holzman et al., 1996; Macran & Shapiro, 1998; Norcross & Guy, 2005; Orlinsky et al., 2011; Williams et al., 1999a).

When considering the influence on client work, the length of therapy offered has been found to be comparable to the length of therapy received (Gold & Hilsenroth, 2009; Guy et al., 1988; Holzman et al., 1996), while a therapist's orientation appears to be the most influential factor in the choice of theoretical orientation by the trainee (Steiner, 1978).These figures appear consistent across studies (Guy et al., 1988; Holzman et al., 1996; MacDevitt, 1988;Macran & Shapiro, 1998; Orlinsky et al., 2011), and have been attributed to the strong theoretical influence of psychodynamic theories in the profession of psychotherapy (see Cabaniss & Bosworth, 2006; Lasky, 2005).

Consistently across studies, therapists with experience of personal therapy are more likely to rate it as an integral and valuable influence to their practice when compared to those who have never attended (for example Norcross, Evans, & Schatz, 2008). Authors like Mace (2001) have proposed a clear preference of clients' for therapists with experience of personal therapy, however recent evidence from unpublished manuscripts disputes this with findings suggesting that clients do not show any preference with regards to therapists' personal therapy (Armour, 2008). Based on this researcher's conclusions, clients tend to be more concerned with their own difficulties and reasons for seeking treatment, rather than their therapist's personal therapy status.

In general, outcome studies have produced variable and inconclusive findings with regards to the relationship of personal therapy to clinical outcomes (Chaturvedi, 2013; Clark, 1986b; Norman Macaskill & Macaskill, 1992; Macran & Shapiro, 1998; Wigg et al., 2011). Macran and Shapiro (1998) reviewed nine published studies (including those previously reviewed by Greenberg and Staller (1981) and Macaskill (1988)) concluding that neither attendance in personal therapy nor length of therapy undertaken emerged as significant factors correlating

with client outcomes. Wheeler (1991) found that length of time in personal therapy was negatively related with therapeutic alliance, a finding the author attributed to the encouragement of expression of negative transference by therapists who have attended long-term analysis. In a more recent experimental study, Gold and Hilsenroth (2009) found that personal therapy had no significant effect on therapeutic alliance, apart from therapist ratings of alliance variables; nevertheless, the study also documented a significant difference between client attendance rates, which were twice as long with therapists who had experience of personal therapy.

Similarly, indirect evidence relating to the effect of personal therapy upon clients has been obtained through studies exploring therapist variables in general, indicating that personal therapy may contribute to the quality of the therapeutic alliance and secure attachment, therapist warmth and genuineness, and overall experience of a supportive relationship (Mikulincer, Shaver, & Berant, 2013; Rønnestad & Ladany, 2006; Høglend et al., 2011; Lane & Corrie, 2006; Norcross & Wampold, 2011; Stein & Lambert, 1995;). For example, in a recent study by Berghout and Zevalkink (2011) comparing therapist variables and client outcomes of psychoanalysis and psychodynamic psychotherapy, the researchers found that therapist's attendance and duration of personal therapy had no significant impact on clinical outcomes, however these researchers identified the attitudes of therapists as more influential to treatment outcomes: a belief in the curative potential of kindness and a supportive manner of working with clients delivered significantly better results.

Sandell et al. (2006), drawing from data gathered for the Stockholm Outcome of Psychotherapy and Psychoanalysis Project (STOPPP), described a complex relationship between the length of a therapist's personal therapy and the impact on patient outcomes; the authors conclude that longer duration of personal therapy is negatively related to clinical outcomes in psychotherapy, but positively related to clinical outcomes of psychoanalysis. As a possible interpretation of the findings, the authors refer to the modelling function of therapy and suggest that those who have undertaken a lengthy personal analysis are more likely to identify with their analyst's approach and attempt to apply inappropriately similar techniques and principles in brief work with clients. Concurrently, these authors recommend shorter training therapies as potentially better for the clients, however emphasise that their findings do not suggest that personal therapy is unnecessary or counterproductive, as it is hard to see "*how therapists-to-be" would otherwise learn how a person might feel being a patient, how experienced therapists "do it", and how theoretical concepts manifest themselves*" (p.314).

**Critique on quantitative studies**

Most studies suggest that personal therapy is perceived as both influential to one's practice and a much needed support system for what is identified as a stressful profession. In addition, personal therapy is assumed to enhance therapist factors contributing to the therapeutic alliance, as it further prepares the therapist to provide the helpful therapeutic conditions they previously experienced in their own therapy. Nevertheless, the conclusions that can be drawn from traditional quantitative studies on the effects of personal therapy are limited and inconclusive in relation to both the role of therapy during training as well as its anticipated benefits for work with patients (Chaturvedi, 2013; Macran & Shapiro, 1998; Wigg et al., 2011).

The majority of studies reviewed rely on the use of self-report methods and entail considerable methodological limitations, including low response rates and lack of control samples to limit within sample biases (Chaturvedi, 2013; Rizq, 2011; Wigg et al., 2011). It is possible to assume that those with more positive experiences of therapy are more likely to participate in studies; it is also plausible that those who need therapy may well seek out therapy more often and with greater personal investment in the process, thus potentially being favorably predisposed to the outcome. Given that motivation and choice are considered essential client-initiated factors in therapy, the high ratings of personal therapy as a positive and integral experience of personal and professional development are hard to interpret in the absence of choice and motivation to attend personal therapy, as in the case of mandatory personal therapy for trainees (Beutler, Machado, & Neufeldt, 1994; Chaturvedi, 2013).

As Chaturvedi (2013) points out, clients are significantly underrepresented in research on personal therapy, and outcome studies reveal variant and often inconclusive results. Some interesting findings include the association between the therapy experienced and the effects on therapy offered to clients, with relevant factors including the length of therapy, compatibility of theoretical models between personal therapy and clinical practice, as well as experience of helpful therapeutic conditions. Nevertheless, the question of *"whether the evidence justifies the practice is related to the ongoing debate of what constitutes evidence in psychotherapeutic practice"* (Chaturvedi, 2013, p. 455). The reliance on quantitative methods for psychotherapy research has been criticised by both researchers and practitioners as offering an impoverished and decontextualised description of the experience of personal therapy (for example Wigg et al., 2011; Macran et al., 1999; Wiseman & Shefler, 2001). As Leader (2006) postulates, the relatively recent pressure to respond to external validation and "*produce evidence- based research matching the standards and criteria of evidence-based medicine*" (p.389) is incompatible with the theory and practices of

psychotherapy. Focusing on enhancing critical dialogue and consummation of ideas within the therapeutic community may be more meaningful, as well as giving voice to the different client groups affected (Leader, 2006; Loewenthal, 2015) The attempt to bridge the gap between research and practice has given rise to the introduction of qualitative methods and greater emphasis on the participants' subjectivity in the exploration of the therapeutic encounter.

**Qualitative studies with therapists as clients**

Based on the review of quantitative studies, there is a need for deeper understanding of the multiple and complex effects of mandatory personal therapy for Counselling Psychology trainees; there also appears to be a necessity for greater clarity with regards to the differential impact of various therapeutic approaches on trainees as clients, as well as on subsequent clinical work (Rizq, 2010). This shift from questions of "whether therapy has an effect" to "how personal therapy is experienced" prioritises a focus on process over objective measures and outcomes, and aims to capture a deeper understanding of the subjective individual experience through the use of qualitative methodologies.

Macran, Stiles and Smith (1999) conducted an IPA study with seven qualified therapists investigating how their current and past experiences of personal therapy were perceived to impact their personal development and clinical work. The findings were organised into three domains, describing aspects of intra ("orienting to the therapist"), inter ("orienting to the client"), and meta ("listening with the third ear") reflections on the functions and experience of personal therapy, which appear consistent with earlier studies as Wigg et al. (2011) suggest in their recent review. Based on their conclusions these researchers proclaim that having the experience of "helpful conditions" in one's personal therapy appears to foster the therapist's perceived capacity to provide similar therapeutic experiences for their clients. Wigg et al. (2011) comment that the study's lack of reliable testimonial validity may indicate that some of the participants may have disagreed with the outcome of the analysis; nonetheless the degree to which participant validation is relevant to IPA methodology is debatable (Smith, Flowers, & Larkin, 2009).

Wiseman and Shefler (2001) analysed the narratives of five experienced psychoanalytic psychotherapists with previous experience of long term personal therapy. The findings of this study identified personal therapy as an integral component in the participants' training and ongoing professional development, relevant to their clinical work throughout their career. It is interesting that the study includes no evidence of any less favourable experiences, which may be attributed to the great investment of resources on behalf of the trainees/clients to undergo a long term training analysis. Nevertheless these findings show consistency with

further evidence obtained from studies across cultures and therapeutic orientations. Amongst these studies is the IPA study by Oteiza (2010), interviewing ten Spanish psychotherapists, which resulted in six themes describing the positive influence of personal therapy for practitioner's development. Similar findings were also replicated by Von Haenisch (2011) who used IPA to analyse thirty-minute interviews with a sample of six practicing UK counsellors. The study appears to have a more descriptive than interpretive focus, and the author's previous relationship with the participants may have had some influence over the findings.

Rake and Paley (2009) conducted an IPA study with eight qualified NHS psychotherapists of various theoretical orientations working in the same service as one of the authors. These researchers identified three master themes: "I learnt how to do therapy" reflecting aspects of experiential learning that cannot be taught through academic modules, "I know myself much better" identifying the distressing yet helpful experience of personal therapy in appreciating what is bearable, and "a very dissolving process" which summarises participants' experiences of therapy as "inevitably destabilising", questioning the required length and time, and reflecting on potentially detrimental effects of the therapists' approach. The participants identified the mandatory requirement as having a potentially negative impact; nonetheless there was general agreement on the integral role of training therapy.

A larger scale study employing IPA methodology was conducted by Daw and Joseph (2007) in the UK, recruiting qualified therapists of various orientations. Consistent with previous studies, two-thirds of the sample had previous experience of personal therapy, citing personal growth and dealing with personal distress as the most common reasons for engaging in therapy, followed by experiential learning through being a client. The study identified the contribution of personal therapy through two broad categories, impact on the person and impact on the professional, while according to theses researchers personal therapy was also considered an important aspect of self-care and personal development. This study suffered from low response rate (48 returned questionnaires out of 220) however which the authors interpreted as potential participation bias, where those with most favorable experiences of therapy might be most likely to participate in the study.

Similar comments can be made with regards to the findings of Bellows (2007) who interviewed twenty psychoanalytically-oriented psychotherapists (the sample included psychiatrists, psychologists, and social workers) about the influence of their personal therapy on their clinical practice and their views on its potential risks and benefits. The researcher concluded that therapists with more positive experiences were more likely to also internalise their therapist as a positive role model, and identify personal therapy as highly influential to

their practice, informing their views of therapeutic process as promoting psychological change and "acceptance of the imperfectible self" (p.212). There is however concern regarding the clear hypothesis driving this study, which is generally incompatible with qualitative research methods.

Davies (2008, 2009) adopted an anthropological perspective in his study on the training of psychoanalytic psychotherapists in the UK. Within a period of two years, Davies conducted one hundred unstructured interviews with trainees and qualified practitioners, followed by two hundred questionnaires sent to members of the British Psychoanalytic Council. The author drew from literature on "ritual learning" (Wallace as cited in Davies 2008, 2009) as a metaphor for psychoanalytic training, aiming to gain a deeper understanding of the "*formidable institutional forces that therapists are invariably subject to*", including the role of pre-training therapy and mandatory personal therapy. Davies'(2008, 2009) thematic analysis produced three themes relating to training stages that seem to breed anxiety for trainees. Of more relevance to the present study is the first theme, "*Evaluative Apprehension and Fear", which* relates to trainees' anxiety and often pervasive fear of being judged as unsuitable for the profession of the therapist as a person, rather than as a practitioner. The findings suggest that the concept of suitability remains particularly vague, while these fears coincide and interact with significant financial and personal sacrifices that trainees experience as they undergo lengthy training analysis. The second theme, "*Susceptibility Stemming from Clinical Stressors"* relates to trainees' concerns over their readiness and ability to work successfully with clients and the potential need for one's clients to "get better" and not leave, and finally the theme '*Pull and Thrill of Mastery'* describes the developing clinical confidence in one's practice, and feelings of dependency upon the supervisors' approval. The themes of this study appear consistent with previous findings however, particularly mindful of the emotional and personal context around training, as Davies summarises, they further engage with a critical understanding of the commonly encountered institutional conditions experienced by trainees, which place them in a vulnerable position to conform to or adopt "institutionally sanctioned" clinical practices that subsequently shape their direction as therapists.

The conclusions of Davies' work include a detailed discussion of how pre-training therapy was experienced as a form of "covert vetting" of candidates, used to test ones' suitability to progress, ensuring that all candidates who continue their training are positively predisposed to the psychoanalytic paradigm. Nevertheless, Davies makes special note that only two candidates reported purely negative experiences of personal therapy and only a small minority reported "mild discontent", which was attributed to failure of the therapist rather than the therapy. However, despite being a mandatory requirement, the vast majority of the

candidates had initially entered analysis to address their own problems. While often their descriptions depict a conviction about the values and "redemptive nature" of therapy, they also express a feeling of gratitude towards the therapist and the process.

Relevant ethical dilemmas often experienced by those offering therapy to trainees were highlighted in King's (2011) thematic analysis of eight interviews with experienced psychodynamic therapists. According to this study, training therapists are confronted with clinical and personal dilemmas when treating trainees, involving the lack of motivation on behalf of trainees to be in therapy, who may feel they don't need therapy, and are just "going through the motions". The therapists identified conflicts of dual roles, often expressed through the trainees' concern over confidentiality and being evaluated as "mad" , as well as the therapists' "pull to act as a supervisor" in some instances. Therapists wanted training and therapy to be separate, yet they also recognised possible benefits of maintaining some form of communication in case fitness to practice issues arose. Moreover, therapists seemed to experience trainees as more challenging compared to lay clients and suggest that considerable experience is needed to work with this client group.

**Counselling Psychologists as clients**

The majority of qualitative studies on the subject of training therapy have investigated the experiences of psychodynamic practitioners, which seem highly relevant to the field of Counselling Psychology. Nonetheless as explained in previous sections, there are also some differences in relation to the philosophical and epistemological positions adopted by the different disciplines. The main qualitative studies looking at the experiences of personal therapy of Counselling Psychologists in the UK are discussed below.

Grimmer and Tribe (2001) conducted a grounded theory study interviewing trainee and recently qualified Counselling Psychologists in the UK. Their findings suggest that Counselling Psychologists find personal therapy influential to their practice, facilitating the development of self-awareness and reflexivity through being in the client's role, and clarifying between the personal issues of the therapist and those of the client (countertransference). Personal therapy also entails as a process of professional socialisation, offering experiences of professional validation, modelling good and bad interventions and normalising the trainee's views regarding the person of the therapist. These researchers proposed that the mandatory requirement was only initially affecting the participants' reluctance to engage with therapy, which seemed to relate with fears of being judged as unsuitable to practice if one's personal material becomes known. This however did not seem to have lasting effects on how trainees subsequently came to experience their therapy, while those with no previous experience of therapy showed greater change in their

views about therapy as its importance for their professional development. Personal therapy was perceived as a positive source of support during training, even though it also became a source of stress for some trainees. The researchers reported that unsuccessful treatment experiences were more often attributed to "therapist incompetence rather than inefficacy of therapy itself", similar to Davies'(2009) observations, and further commented on the potential "proselytizing" function of therapy as often expressed by new clients that "everyone should have therapy".

Murphy (2005) also conducted a grounded theory analysis with UK trainee Counselling Psychologists and reproduced similar themes with Grimmer and Tribe (2001), reflecting the important role of personal therapy in enhancing personal and professional development. However this study has also been criticised for failing to reach theoretical saturation (Turner, 2005), which is the recommended outcome of grounded theory analysis (Glaser & Strauss, 1967).

Qualitative studies offer a more detailed account of the meanings attributed to the experience of personal therapy, however the transferability of the findings is considered to be limited (Chamberlain, 2000; Chaturvedi, 2013; Wigg et al., 2011). As Chamberlain ( 2000) has argued, amongst others, qualitative studies tend to focus on "description at the expense of interpretation" (p.285) as they often fail to draw links between findings and theoretical models. In an attempt to respond to these limitations in the literature, Rizq and Target (2008a; 2008b) drew from the theory of *mentalization* (Fonagy & Target, 1997; Fonagy & Target, 1998) to offer a possible explanation of the psychological processes underlying the experiences of personal therapy. These researchers used IPA methodology to analyse nine interviews with experienced Counselling Psychologists, with previous training in counselling and psychotherapy, working in both NHS and private settings. Their findings resulted in five themes identifying personal therapy as an '*arena for intense inner-self experiences','* defining *self-other boundaries'*, providing a unique space for '*professional learning'*, and thus being '*integral to training'* and further relating to *self-reflexivity*. Participants were in favour of the mandatory requirement for training therapy, nonetheless they also commented on the marked ambivalence regarding classifying the aims of personal therapy or evaluating its outcomes. This ambivalence was also linked with the participants' experiences of "pretend therapy" as a potential way of avoiding the intensity of their conflicting emotions. Through reviewing the data, these authors suggested a possible parallel between of early parental attachment and the ability to be reflective in one's clinical work, mediated through "the power of being seen" by one's therapist, reflecting the importance of experiences of mentalisation within personal therapy.

This link was further corroborated in subsequent studies where Rizq and Target (2010a, 2010b) combined data from the Adult Attachment Interview (AAI) with IPA interviews to investigate the relationship between attachment status and reflective function (RF). According to their findings (Rizq & Target, 2010b), therapists were often assumed to fulfil parental roles; insecurely attached participants were more suspicious and cautious of mandatory therapy, and would tend to attribute unsuccessful experiences of personal therapy to more global and general reasons rather than therapist inadequacy. All participants showed sensitivity to aspects of power and authority within their therapy, with low RF and insecurely attached participants presenting greater preoccupation with issues of power and control, hard to overcome and thus limiting their motivation to engage with their therapy on a deeper level. Another significant difference identified (Rizq & Target, 2010a) related to the modelling function of therapy: securely attached participants reflected an understanding of the self as a "wounded or fragile client", recognising vulnerability as shared with their clients, whereas those identified as insecurely attached and low RF focused primarily on the behavioural modelling of the therapist. Nevertheless, negative case analysis showed that high reflective function can also be counterproductive to the therapists' development, as some individuals may become overly preoccupied with themselves and lose focus on the client's issues. The authors suggest caution in generalising the relevant conclusions while, as Wigg et al. (2011) point out, given the specialist sample recruited, the extent to which such findings could apply to less experienced populations, as for example trainees, is uncertain.

Moller, Timms and Alilovic (2009) recruited thirty-seven trainees for their study exploring the initial views of Counselling and Clinical Psychology trainees, and trainees in Counselling courses, about their personal therapy. These researchers employed data from two open-ended questionnaires and adopted an inductive thematic analysis which resulted in two main themes: *personal therapy helps me to be a better practitioner*, through experiential learning, enhancing self-awareness and ensuring safe practice, and *personal therapy costs me,* addressing financial and emotional concerns of therapy. The authors commented on the similarity of answers obtained between the different trainee groups with regards to their ambivalence about the mandatory requirement of personal therapy. Nevertheless there are also marked differences between Counselling and Clinical Psychology trainees with regards to their views on cost, focus, and time of their personal therapy, which reflect the differences in the training costs and therapy requirements. Moller et al. (2009) suggest that the experiences claimed by trainees imply that *there are personal issues to be dealt with.* Nonetheless there seems to be tension between the positions of "I don't need therapy" and

"everyone needs therapy", as observed in earlier studies (Grimmer & Tribe, 2001; Rizq & Target, 2008).

A relatively recent study by Kumari (2011) used IPA methodology to explore the views of eight Counselling Psychology trainees at the Teesside University, about the mandatory requirement to attend personal therapy. The analysis produced four themes describing personal therapy as a unique opportunity for *experiential learning* and integral to one's ongoing process of personal development, however also entailing additional stressors for the trainees, particularly relating to issues of time and money invested. The findings are consistent with previous studies, and bear similar limitations with regard to the applicability of findings and concerns of emphasis on description rather than interpretation. In addition, even though the author mentions some general limitations in her discussion, there was a lack of acknowledgement regarding the degree to which the sampling process may have impacted the findings in particular ways. For example, given that all participants were recruited from two consecutive cohorts of a single training program where the researcher was also training, it can be argued that findings represent the common culture shared amongst trainees of the same program, and even more so between trainees of the same cohort. As Smith et al. (2009) recommend for IPA studies, the sample must vary adequately so that there is space for different opinions and divergent experiences to be expressed; in the study discussed there is no way of knowing the extent to which the experiences of the participants were too similar, for instance it is possible that they shared the same therapist or supervisors, apart from tutors, as often happens with trainees of the same training program, especially when studying in a smaller city.

In contrary to previous studies, Ivey and Waldeck (2014), who interviewed Clinical Psychology interns, emphasised a marked process of change in trainees' views and feelings towards their therapy: mandatory therapy was initially met with resistance, however once the trainees establish a "permeable boundary" between their training and their therapy, they became more able to utilise their therapy for personal issues and engage on a deeper level. These findings could be of further interest to the field of Counselling Psychology considering that many Counselling Psychology training programs require some form of communication with the trainee's personal therapist in order to ensure that the trainee is fit to practice. The authors further discussed emerging themes regarding the compatibility between theoretical training and model of personal therapy. This finding appears highly relevant to Counselling Psychology which holds a pluralistic view towards training and clinical practice, which may place trainees at conflict between what they are taught and what they experience in their own therapy. Similar to previous studies, personal therapy was perceived to enhance professional skills, and potentially reduce trainees' expectations of support from clinical

supervisors. Themes indicating the disruptive impact of therapy upon the personal relationships of trainees were also explored. Therapy was assumed to bring about changes in intrapersonal and interpersonal relationships which participants ultimately came to describe as positive. The authors report that the study was conducted using participants from the researcher's training program, a factor which may have affected participant's willingness to share more openly their experiences. Nonetheless the researchers suggest that they made an effort to ensure the credibility of their study by engaging in systematic reflexivity about their own views and further validating their findings with the participants.

**Summary and rationale for present study**

The above studies have increased our understanding of how personal therapy is experienced by practitioners as valuable and beneficial to their personal and professional development, with a closer look into the underlying processes revealing a complex and emotionally invested interaction between personal and professional spheres (for example Davies, 2009; Rizq & Target, 2010a). There is confirmation of the possible influences of the attitudes of training courses on participants, as there is also some discussion relating to stigma, experiences of evaluation, and issues of confidentiality for therapists in therapy, relating to much problematised topics of power and autonomy within the therapeutic endeavor (Atkinson, 2006; Desmond, 2004; Valentine, 1996) . Nevertheless published literature on the subject is scarce and inconclusive, indicating that the requirement of personal therapy by many training organizations is still based primarily on sentiment and tradition, while the fact that psychotherapy is always a very private experience makes an *objective* exploration of its' effects further problematic (Chaturvedi, 2013).

The majority of qualitative studies since 2000 have focused on psychodynamic psychotherapy trainees or qualified and experienced practitioners, while studies recruiting Counselling Psychology trainees in the UK are limited (Grimmer & Tribe, 2001b; Kumari, 2011; Moller et al., 2009; Murphy, 2005), with only the one study adopting Interpretative Phenomenological Analysis (Kumari, 2011) which recruited from a single MSc program. Given the relevance of the considerable debate over the practice of mandatory therapy for Counselling Psychology trainees, the need for a deeper understanding of the experience for those immediately affected seems apparent. Some prominent issues surfacing include questions regarding the potential effect of the compulsory element for trainees, what would differentiate an *authentic* experience of therapy, as well as the effects of compatibility between theoretical model of training, approach to therapy and subsequent practice, as Rizq (2010) has also proposed.

The aim of this study is to expand on the identified gap in the published literature in the UK with regard to the experiences of Counselling Psychology trainees undertaking personal therapy during their Doctoral level training. This study attempts to gain a deeper understanding of the previously identified complex process underlying the experience of mandatory therapy during training, and explore the potential impact of this practice on trainees' use of therapy, their motivation to attend and the way they make sense of the interaction of personal therapy with personal and professional development. It is also expected that findings can inform the practices of training institutions, tutors and supervisors in addressing problematised areas that may impact trainees' experiences as clients.

## Chapter 2: Methodology

### The design and aim of this research

This study used a qualitative methodology to gather data through semi-structured interviews, with a small, homogeneous, and mixed gender sample consisting of seven Counselling Psychology trainees. The interviews were recorded, transcribed, and analysed using Interpretative Phenomenological Analysis (IPA).

The aim of this study has been to explore the lived experience of trainees as clients of psychological therapy, within the specific context of their professional training, investigating the different aspects of the therapeutic experience that may be unique to them as a distinct client group. The main question posed is: "How do counselling psychology trainees describe their experience of being in the client role and what meaning do they attribute to this experience?"

### Rationale for adopting a qualitative approach

A qualitative approach that is not *hypothesis-driven* and prioritises the "psychological reality of the lived experience", as Finlay (2011) postulates, was deemed most appropriate both in relation to the focus of the study being the subjective experiences of psychological therapy from the perspective of the trainee-client, as well as in relation to the collaborative nature of inquiry employed (IPA) which is assumed to contextualise elements of the therapeutic experience (McLeod, 2001; Smith, Flowers, & Larkin, 2009).

Aiming to understand the complex and multilayered experience of being a client *in training* with emphasis on the idiosyncratic meanings of this experience for the participants, this study rejects positivist notions about objectivity of the data and subsequent assumptions about an ultimate truth, prioritising instead the individual psychological perspective and the exploration of meaning in context. Consequently, the qualitative paradigm chosen is informed by a relativist ontological position, accepting that there are many different and equally valid experiences of reality, along with the one introduced by the researcher, as Morrow (2007) suggests. Different qualitative methodologies encourage researcher involvement in the process of analysing the data and interpreting findings to a varied degree, as Langdridge (2007) and Willig (2008) explain, with more phenomenological approaches pointing to a further integration of the subjective element throughout the process of analysis. This will be further addressed with regards to the Interpretative-Phenomenological research approach used in this study.

**Rationale for Interpretative Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA) is the chosen qualitative research methodology thought to best serve the aims of this study to explore the unique, subjective experience of trainee Counselling Psychologists undergoing personal therapy. Eatough and Smith (2008) suggest that IPA emerged as a research approach to encourage and advocate for a move of psychological research closer to the psychological aspects of the participant's experiences, a method of psychological inquiry *grounded in psychology*. As mentioned earlier, the topic of training therapy has been explored primarily with regards to its potential implications for issues of subsequent clinical practice (for the trainees), however in this study my focus has been to investigate the dynamic and subjective experiences of *being in therapy*, for this *specific group of clients* who are undergoing training in Counselling Psychology themselves. As a methodological approach, IPA places great attention upon the contextual and intersubjective complexities involved in the experience, prioritizing the subjective voice of the participants and the idiosyncratic ways of deriving meaning through experience (Smith et al., 2009).

Similar to IPA, Grounded Theory (Glaser & Strauss, 1967) was considered as a potential methodology for its focus on the individual as an active interpretive agent in the construction of meaning, as well as for its purpose to ground research and its subsequent findings within its relevant contexts and problematized areas. Nevertheless Grounded Theory would be better suited as a methodology if I was aiming to *generate a theory* about how trainee counselling psychologists may experience their personal therapy (Willig, 2008), whereas the focus of this study is to gain a detailed account of the individual meanings extracted from experience, aiming to produce further insight into the psychological processes of being in therapy while undergoing training in Counselling Psychology. Moreover, IPA perceives the researcher as integral to the process of uncovering meaning and co-constructing knowledge, while the naïve version of Grounded Theory (Charmaz & Henwood, 2010) assumes an epistemological position that is incompatible with the role of the researcher in the present study.

Discourse Analysis was an alternative methodology considered for this study, sharing common assumptions with IPA regarding the function of language *to construct rather than represent reality,* as well as a strong focus on the dynamic psychological aspects of narrative, as Willig (2008) clarifies. Similar to IPA, Discourse Analysis acknowledges that people's ways of making sense of the world are embedded within the social contexts they attempt to understand, and takes a critical approach in challenging the surface level meaning of socially constructed narratives (Langdridge, 2007). Nevertheless, a Discourse Analysis methodology would focus primarily on exploring how trainee-clients use language

to negotiate their experiences of therapy, while this IPA study uses its focus on the contextual and linguistic elements of the participants' narratives to elucidate the ways in which they make sense of their experience of being in therapy.

A distinct characteristic of IPA is its idiographic focus and commitment to investigate the idiosyncratic particularities and the fine-grained details of the individual case as opposed to an interest in uncovering the transcendental and universal nature of phenomena, which is central to descriptive phenomenological methods (Giorgi & Giorgi, 2010; Smith et al., 2009). IPA aims to capture an in-depth understanding of the single case and achieve a sense of gestalt or data saturation before proceeding to the following case, conducting cross case analysis to explore the degree of convergence and divergence (Eatough & Smith, 2010; Smith, 2004). Integral to the idiographic approach proposed by IPA is the adoption of an *insider's perspective*, which is similar to descriptive phenomenology however distinct in perceiving the role of the researcher as intimately engaged with the data, being an active reflective agent in the process of describing and interpreting the ways in which participants make sense of their experience (Eatough & Smith, 2008; Willig, 2008). The descriptive and interpretive elements of IPA and its philosophical foundations in Phenomenology and Hermeneutics will be explained in detail with regards to the epistemological assumptions made in this study.

The philosophical underpinnings of Counselling Psychology as a discipline share considerable common ground with the epistemologies of IPA, as expressed through an approach to theories (and experience) as narrative structures rather than ultimate truths, valuing the pragmatic utility (or clinical value) of a given interpretation, and recognizing the function of adopting a position of *not-knowing* in establishing an egalitarian and collaborative approach that facilitates the co-construction of meaning (Hansen, 2006; van Deurzen-Smith, 1990a). IPA therefore was deemed most suitable in exploring therapeutic experiences of trainee psychologists from the client perspective, through a process that resembles a therapeutic way of listening, prioritising self-reflection and the significant contextual interactions that give rise to meaning (Smith et al., 2009).

## IPA overview and philosophy

### Phenomenology

Phenomenology has acquired a very broad definition as an approach to knowledge, generally identified both as a philosophical movement and a group of research methods, primarily concerned with describing the essence of a lived experience (Finlay, 2009). Phenomenological approaches to philosophy and research assume that human consciousness and therefore human experience is intentional, as it is always purposefully

directed towards something. Intentionality is understood to be both a pre-requisite of consciousness as well as an integral function of it, both allowing for and guiding our consciousness to interact with the world (Langdridge, 2007; Moustakas, 1994). Phenomenology is therefore invested in exploring the relationship between the person's consciousness and the world as we perceive it; the subject-object relationship is seen as intrinsically related with consciousness and thus should be understood both structurally and holistically (Giorgi, 1997).

Descriptive versions of phenomenological research ascribe to the teachings of Husserl who supported the idea that it is possible to access *things as they are* in their essence by suspending our previous assumptions and knowledge about the world or any interpretations that may obstruct or alter our perception of the phenomenon under investigation (Giorgi, 2010; Giorgi & Giorgi, 2014). A descriptive approach to phenomenological research would coincide with a positivist or critical realist epistemological position, aiming to reduce the world-experienced in its natural and universal structure, assuming that it is possible to describe the experience of a phenomenon before any reflections are applied to the experience, as Dowling (2007) and Giorgi (1997) explain. *Bracketing* all previous knowledge, assumptions, and subjective experience of the phenomenon investigated is an essential aspect of descriptive phenomenology, while such process would require the researcher to further assume the use of language as adequate to communicate or transcend the experience of the phenomenon examined (Giorgi & Giorgi, 2010; Giorgi, 1997).

**Hermeneutics**

The interpretative approach to phenomenology and IPA methodology employed in this study argue that an interpretation is inherent in every form of description (Smith, Flowers, & Larkin, 2009; Willig, 2008), assuming an epistemological position that rejects the dualistic separation between subject and object, and thus the individual from the wider context. IPA draws from Heidegger's version of hermeneutic phenomenology, suggesting that it is not possible to completely suspend one's subjective *ways of seeing the world*, in the attempt to make sense of the world, as the world-experienced is understood to be inextricably connected to the person having the experience of it (Eatough & Smith, 2010; Smith et al., 2009). As mentioned previously, IPA has a strong idiographic focus, showing interest in the unique and the particular, rather than the general and universal (Smith, 2004). IPA aims to encapsulate the experience of the participants and is committed to communicate *the insider's perspective*. Nonetheless, it also aims to make sense of this *description* within the wider social, cultural, and historical contexts in which the experience unravels (Larkin, Watts, & Clifton, 2006).

IPA takes a reflective focus and emphasises the role of narrative and language with regards to the construction(s) of meaning, considering both participant and researcher to be actively engaged in the meaning-making process. Smith (2004) suggests that IPA research involves a cyclical process of *a double hermeneutic*, where by the researcher tries to make sense of the participant who tries to make sense of the world. In IPA the researcher's subjectivity is seen as integral to the analytic process and a valuable source of information for the phenomenon studied. Nevertheless further consideration is required with regards to potential facilitative or obstructive ways in which the researcher's personal involvement may function to either enable or impose understanding, as Dowling (2007) strongly advocates.

The interpretive approach of this study follows Ricoeur's suggestion to combine hermeneutics of empathy and hermeneutics of suspicion, by engaging intimately with the text and allowing my own pre-understandings to interact with the content of the data, followed by a suspicious questioning of the surface meaning, as the substance of a given discourse is *never* (assumed to be) *immediate and transparent*(Langdridge, 2007). IPA researchers therefore make no claims of accessing the participants' experience directly, but rather aim to embrace the use of researcher subjectivity, and researcher-participant intersubjectivity in their explorations, acknowledging how this may both facilitate and discourage the discovery of meaning (Finlay, 2011).

Finlay (2011) suggests that the adoption of a *phenomenological attitude* is necessary in conducting phenomenological research, and encourages researchers to maintain an approach of "curiosity, empathy and compassion" in their interaction with the research process. For the purposes of this study to explore the meaning of the therapeutic experiences of trainee Counselling Psychologists I intended to remain open and non-judgmental in order to be impacted by the descriptions and interpretations that the participants, trainee-clients gave about their therapy, while remaining conscious of and reflexive regarding my dual perspective as a researcher, which allowed me to be critical and challenge the appearances of the text-data, as well as my own intentions.

For the topic under investigation, the therapeutic experiences of trainee Counselling Psychologists, IPA allows for the adoption of a middle position in analysing the data more as interaction structures rather than facts (Smith et al., 2009; Willig, 2008). IPA prioritizes the engagement with the participant (or interpretive-subjective voice) over bracketing, nevertheless aiming to ground the interpretations made in the participant's words, thus conveying the *insider's perspective* which is essential to phenomenological research. With regards to bracketing I have found Giorgi's (2011) and Ashworth's (1999) suggestions highly

valuable in reminding myself to remain mindful of ways in which I may be tempted to impose theoretical authority or external criteria of validity upon the material I analyse.

Finlay (2009) and Langdridge (2007) argue for an understanding of descriptive and hermeneutic versions of phenomenology as existing on a continuum, rather than as concrete and distinct categories, as such boundaries would appear conflicting to the nature of the phenomenological inquiry. Nevertheless, Madill and colleagues (Madill, Jordan, & Shirley, 2000) strongly advise researchers to have clarity on the epistemological positions that they employ in conducting phenomenological research and underline the importance of reflecting on the application to methodology. The relativist ontological assumptions that guided this study and the application of IPA as the chosen methodology correspond to the researcher's identified epistemological position influenced by contextualism (Jaeger & Rosnow, 1988), which will be further explained in the following sections.

## Epistemological considerations

### Ontology

Consistent with the exploratory nature of the research question posed and the qualitative design employed for this study, the ontological position I adopted follows the assumptions of relativism and phenomenology. As stated previously, a relativist ontological position argues that there is no such thing as an absolute truth or a "pure experience" (Ponterotto, 2005; Willig, 2008), given that the world is not assumed to follow orderly, predictable, and law-bound relationships, while emphasis is placed on the multiple and diverse experienced realities or interpretations of reality, all of which are accepted as equally valid and applicable (Finlay, 2011; Willig, 2008). Phenomenology incorporates the above assumptions and further emphasises the nature of reality as a product of interpretation, and therefore constructed through the dynamic and ever changing interactions between "the self and the world" (Moustakas, 1994). In relation to the purpose of this study, a phenomenological approach acknowledges the diversity of realities or meanings acquired through the lived experience of personal therapy yet acknowledges that such interpretations may be felt as real by the trainee-clients who are experiencing them (Willig, 2008). The philosophical assumptions of IPA correspond to the researcher's identified epistemological position, influenced by contextualism (Jaeger & Rosnow, 1988), which will be further explained in the following section.

### Epistemology

In line with the philosophical influences of IPA, the contextualist paradigm emphasises the nature of human acts as *intentional* and dynamic, situated within an ever-changing social,

cultural, historical context(s), rather than within a social vacuum (Jaeger & Rosnow, 1988). The contextualist epistemology adopted for this study accepts that the construction of reality and meaning is *context-bound* and *context-dependent*; as act and context can only be understood in relation to one another, change in context would inevitably bring a change in meaning, as Madill , Jordan and Shirley (2000) critically summarise. Thus, understanding can never be seen as a linear process with obvious cause and effect relations. Therefore it follows that by ignoring the context in which the phenomenon is embedded we can only gain a partial explanation of a complex event (Jaeger & Rosnow, 1988).

Similar to the assumptions of IPA, contextualism perceives the researcher as actively engaged in the construction of social knowledge and therefore in reciprocal meaningful exchange with the contexts she is trying to interpret (Jaeger & Rosnow, 1988). Following Wilkinson's (1988) advice for transparency and reflexivity about my own perspectives in approaching the material, I recognise that my own ways of attempting to understand my participants' experiences is moulded by my own experiences, embedded in the contexts in which I interact, similar to the way in which my participants' ways of making sense of their own experience is assumed to be shaped by the gestalt of the different contexts they employ. More specifically, my own educational background in Psychology and my own experiences of personal therapy both before as well as throughout my training in Counselling Psychology are part of the context through which I approach my participants' experiences. Researcher subjectivity is not treated as obstructive by IPA or contextualism, as Madill et al. (2000) advocate that *empathy, shared humanity, and common cultural understanding* can provide *an important bridge between researcher and participant and therefore enrich the value of the analytic resource* (p.10).

Consistent with a relativist phenomenological approach to the nature of knowledge, contextualism challenges the potential of *an ideal truth* derived through the precision of our measuring instruments or dependent on the objectivity of our constructs. The rejection of an ideal truth by this philosophical approach is not understood to be a tragedy, rather an invitation to acknowledge "islands of regularity" that may be found in a "sea of complexion" (Hoffman & Nead, 1983). This approach to the exploration of meaning resonates with the philosophical foundations of Counselling and Counselling Psychology in phenomenological epistemologies (Loewenthal, 1996; van Deurzen-Smith, 1990a) as well as with recurrent initiatives to clarify and encourage the value of methodological pluralism, arguing that no one single approach can account for the complexities and diversity of the human experience (Reicher, 2000; Avramidis & Smith, 1999; Slife & Gantt, 1999).

Both IPA and contextualism take a critical perspective with regards to the construction of social knowledge, rejecting a strict division between cognition and action, and focusing instead on the meanings that arise through the interrelationship between *doing and knowing* Jaeger & Rosnow, 1988; Langdridge, 2007a; Madill et al., 2000; Smith et al., 2009). Further common grounds between the contextualist epistemological position adopted and the chosen IPA methology are evident in the conceptualisation of language as *a tool for understanding*, subject to inherent presumptions and limitations, which the researcher is encouraged to explore critically and reflect on throughout the process of enaging with the material (Langdridge, 2007; Polkinghorne, 2005; Finlay, 2009). Such an approach to language appears consistent with a "therapeutic way" of understanding the research material, proving highly sensitive to the ways in which meaning can be constructed or imposed through our interactions with each other. For these reasons this IPA methodology, informed by contextualist epistemology, was considered appropriate to investigate the experiences of being in therapy while training *in doing* therapy.

The procedures followed to conduct the research are explored in the following sections, after issues of reflexivity and validity are thoroughly addressed.

**Epistemological reflexivity**

Epistemological reflexivity pertains to considerations of the appropriateness of the chosen IPA methodology to meet the aims of this study, and a consistent evaluation of the application of my epistemological assumptions to the methodological procedures (Madill et al., 2000; Reicher, 2000; Willig, 2008). Following both Reicher's (2000) and Madill and colleagues (2000) recommendations, the criteria applied to evaluate the quality and validity of this study are expected to be compatible with the identified epistemological assumptions made by the researcher (see further discussion in Epistemology and Quality and Validity section). Consistent with my contextualist epistemological position (Jaeger & Rosnow, 1988) and the philosophical foundations of IPA discussed previously, this study makes no claims to objectivity or representativeness of findings; nevertheless, through reflecting on my epistemological approach to IPA methodology I came to appreciate that every case may be understood to represent an *objectively* different experience, and the focus of this study has been to investigate the meanings of these *differences* in relation to one another and within the wider social and cultural context in which they are embedded, as Willig (2008) has proposed.

Given the contextualist epistemological position I adopted and the strong idiographic and phenomenological focus of IPA methodology, I often found myself conflicted with regards to the language used to define and sample my target participants, as *trainee-clients*, in relation

to the subject of the study being experiences of personal therapy, despite my intention not to prioritize my participants' professional role. By engaging in a process of systematic reflection about the ways in which I approach the subject, I aimed to remain mindful of the ways in which language inevitably imposes categorical groupings (both informed by and influencing the context of the given interaction), while curious about the ways in which my participants engage with these *groupings* in narrating the meaning of their experiences, in accordance with both contextualism and IPA (Jaeger & Rosnow, 1988; Langdridge, 2007;Smith et al., 2009; Willig, 2008).

Following Finlay's (2011) suggestions I committed to engage in a systematic dialogue with myself, "*a dialectical process of hermeneutic reflexivity*" (p.79) regarding the origins and values I assign to my interpretations of my own experiences and to the experiences described by my participants, throughout my involvement with this study. In this way I aimed to "move beyond the partiality of *my* previous understandings" and challenge my potential "investments in particular research outcomes"(Finlay, 2011), consistent with the phenomenological focus of IPA and the contextualist epistemology of this study.

**Personal reflexivity**

Based on my ontological and epistemological stance, I have acknowledged that there are many different "truths" as well as many different ways to approach them. Having said that, I can reflect upon the ways in which the construction of my research questions and my proposed data analysis may shape or influence what can be "found" (Willig, 2008). This section aims to provide the reader with a reflective exploration of the ways in which my past experiences, beliefs and attitudes about the subject investigated may have influenced the research process and findings. In addition, this section further reflects aspects of my personal journey as a researcher and the ways in which this research process shaped me as a Counselling Psychologist.

My interest in the broader topic of personal therapy for therapists stems from my previous experience of working with chronically institutionalised patients, who were part of a therapeutic community. My involvement with the people in that project had a deep and long lasting impact on me, as I came to observe for the first time how the tenants of the community negotiated their patienthood across different contexts, after many years of involuntary hospitalisation. Listening to their narratives I was consistently reminded of the impact of the doctors' authority, evoked in the ways in which the tenants positioned themselves in relation to their symptoms and treatment options. Having said that, and mindful of my own experiences as a private psychotherapy patient at the time, I came to

appreciate a sense of sameness between us, through reflecting on the ways in which I negotiated the demands of others in my life, or needed to defend against some things.

Later on when I started my training in Counselling Psychology, my personal therapy became a formal component of my learning, filtered through the demands of an educational setting and a larger accrediting body, the BPS. I had considerable experience as a client by that time however I found myself feeling conflicted about the requirements proposed in relation to the choice of therapist based on HCPC registration and the recommended hours I was meant to complete per year. Through informal discussions I had with my colleagues, who were also experimenting with the coherence of their stories as clients and trainee-therapists, I further observed how different we all were in terms of our past experiences of therapy and the assumptions we held about the recommendation to be in therapy during our training. My reflections on these personal experiences motivated me to further explore the subject of personal therapy during Counselling Psychology training, in hope to shed more light into how we make sense of our own personal vulnerabilities and patienthood within a training environment, and the potential implications of these experiences for our therapeutic work with others.

Given the shared experiences I held with my trainee participants as a trainee Counselling Psychologist myself, and in order to satisfy the premise of my relativist-phenomenological epistemological position, I took the following actions: I consistently reviewed my interview material and analytic process in my frequent meetings with my supervisor, I kept a reflective journal which helped me further differentiate my own assumptions, and I consistently explored relevant themes in my own personal therapy. Following Langdridge's (2007) suggestions, I also became my own participant by applying the interview schedule to myself, and reflected on how I related to the questions I had constructed. As will be explained in the Procedures section, I also conducted pilots aiming to further expose and challenge my assumptions about the experience I aimed to investigate.

As mentioned previously, navigating through the different stages of this research has been a process parallel to my own developmental journey as a Counselling Psychologist. Having considerable personal experience as a trainee and as a client, I expected that I should have reached a concrete conclusion about what I believed regarding my research topic at the beginning of the research process. Nevertheless, it was through my intense interaction with the data of this study that I came to clarify the meanings of my own experiences of personal therapy as a trainee and as a client, and to identify how these meanings changed and shifted for me through the different stages of conducting this study. I also felt that this process of change and exploration I was going through potentially mirrored some of the

experiences claimed by my participants, who were also in search of the meaning of their own experiences as clients in training.

Through reflecting on my position as a trainee interviewing trainees during the pilots and first interviews, I became aware of my initial hesitation to be more creative or spontaneous in how I interacted with my participants and the material. I realised that I felt anxious about the possibility of leading the participants with my questions, as an interviewer who assumes she is very familiar with her subject. Having said that, I think I was also taken by surprise by the diversity of my participants' narratives, which often contradicted my initial assumptions. Reflecting on my epistemological position enabled me to question my expectations about my participants' experiences and helped me engage more deeply with their actual words, acknowledging the uniqueness of their testimonies. As I progressed with the interviews and the analysis of the data, I remained systematically engaged in a process of reflexivity and introspection, aiming to remain sensitive and open to be impacted by my participants' stories as well as recognise ways in which I may inevitably impact the data (Finlay, 2011; Willig, 2008). Through reflecting on the stories of others gradually I opened up to explore my own experiences as a trainee-client from a different perspective and accept the things I felt were missing or not matching my expectations. More specifically, at the later stages of writing up this study I came to identify my need to preserve a fantasy of omnipotence for the person of the therapist and question my underlying representations of how therapists "should be" or and what "good" therapy "should be like". Through my intense engagement with my participants' stories I became more appreciative of the inconsistencies between and within our stories and gradually distanced myself from my previous attachments to coherent outcomes, both as a researcher and as a trainee-client.

**Quality and Validity**

The purpose of this section is to explain the ways in which issues of quality and validity have been considered in the process of conducting this IPA study.

Elliot and colleagues (Elliott, Fischer, & Rennie, 1999) have suggested a set of quality criteria that may apply to both quantitative and qualitative research methods, relating to the appropriateness of methods used in relation to the nature and aims of the research question, the accessibility and clarity of the research presentation, and the specific contribution to knowledge. In examining issues of quality and validity within this study, I considered carefully Madill and colleagues' (Madill et al., 2000b) suggestions for the need of any evaluative criteria applied to assess the quality of qualitative research to be consistent with the epistemological positions adopted by the researcher. As Henwood and Pidgeon (1992) summarise, qualitative epistemologies that reject a dualistic division between "the knower

and the known" require "radically different means" of evaluation. They further propose a focus on reflexivity and transparency in the process of documenting and communicating data, as they maintain that the classical criteria of objectivity and reliability would be incompatible to assess the quality of a phenomenological research project.

Yardley (2007) has argued that even though validity may be a difficult concept to assess in qualitative research it is still necessary to find some common grounds of establishing the value of our work as researchers. This IPA study has followed the criteria for quality and validity of qualitative methods initially proposed by Yardley (2000, 2007) and further adapted by Smith and colleagues (Smith et al., 2009). These criteria are *sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance*, and they are discussed in the following sections in relation to the epistemological assumptions guiding the conduct of this study and the application of IPA methodology, as Willig strongly recommends (Willig, 2008).

**Sensitivity to context**

A thorough review of the published literature on the subject of *training therapy* was conducted both to inform the choice of IPA methodology and identify the aims of this study (see Introduction and Method), as well as to discuss meaningful links and relevance of the findings of this study to current literature (see Discussion). The choice of IPA methodology to investigate the subjective experiences of participants in therapy while training as therapists shows sensitivity to context as IPA has an open, exploratory scope with strong idiographic focus (as mentioned in previous sections). The contextualist epistemological position I adopted for this IPA study aims to emphasise the contextual elements of the participants' psychological experiences, and locate the meanings of trainees' experiences of therapy within the wider social and cultural context of their Counselling Psychology training and personal and professional life.

Issues of sensitivity to context were also considered in relation to the use of language throughout the process of gathering the data and analysing the transcripts. This is demonstrated through the use of multiple (at least three and in most cases four) verbatim extracts for each identified theme and an adequate exploration of the ways in which my interpretations are grounded in the participants' words. Such issues were also considered in relation to the dynamics and context of the interviewing process, consistently exploring the *function of communication* as Smith and colleagues (2009) suggest, aiming to provide a representative interpretation of the participants' narratives, employing their own words if appropriate.

I tried to remain mindful of an interesting power dynamic that sometimes seemed to develop as participants were invited to discuss highly personal experiences of their therapy with me, being also a therapist and a colleague. Exploring this dynamic helped elucidate some of the participants' fears about being pathologised or stigmatised, as Gerson (1996) has previously discussed. Such issues were highly relevant to the subject of this study being the meanings trainees ascribe to their experiences of being in personal therapy. The process of exploring participants' feelings during the interview was undertaken in a thoughtful and highly sensitive manner, as further explained in the Interview Procedure and Ethics sections.

**Commitment and rigour**

Following Smiths and Yardley's (2009) suggestions, I remained consistently engaged with the subject of my study, as an increased level of commitment facilitated an in-depth understanding of the phenomenon investigated and an advanced degree of competency in the application of the IPA methodology. Commitment and rigour are evident through my sensitive choice of a homogeneous sample of trainee-clients who were motivated to explore their experiences of therapy with me, and in my consistent personal engagement with the participants and their stories throughout the process of gathering and analysing the data. The following chapter (Analysis) aims to illustrate the interpretative element of the analytic process, explaining how themes were shaped and collapsed together, while also accounting for the ways in which my interpretations correspond to the individual experiences put forth by my participants, in line with a *good* IPA study (Smith et al., 2009).

Being mindful of the need to keep a balanced perspective in my experience of "closeness and separateness" (Smith et al., 2009) to my participants' stories, I have been using a personal reflective diary and maintained an open discussion with my supervisor regarding the analytic process. This further allowed me to be open and reflective about the ways in which "the seduction of sameness" (Oguntokun, 1998) could have affected the interviewing and analytic process, given the degree of shared experiences I had at the time with the participants being myself a trainee psychologist and a client in therapy (see Reflexivity).

**Coherence and transparency**

I aimed to meet the criterion of transparency through keeping a clear and comprehensive record of the different steps I followed and the rationale for the decisions I made throughout the conduct of this study, which is further evident in the following Procedures and Analysis section. The criterion of coherence is addressed in relation to the compatibility of the philosophical assumptions of the IPA methodology employed and the identified contextualist epistemological position I adopted for this study, as explained thoroughly in the methodology

section. Furthermore, the focus of this IPA study was not to construct a coherent story or argument deriving from the participants' experiences, rather to present the findings in a way that communicates consistency throughout the analytic process and *hermeneutic sensibility* (Smith et al., 2009) in the ways in which elements of convergence and divergence between and within the data were explored.

To ensure this study meets the above points and fulfils the criteria of coherence and transparency I frequently presented my work to my research supervisor throughout the different stages of the data formatting and analysis process. In addition, during the last 12 months that I was working on my thesis I consistently participated in the bimonthly London IPA group meetings, held at the Tavistock Clinic in North London. During these meetings I had the opportunity to present parts of my work at different stages to an audience of peers, discuss my analytic strategy and reflect on my epistemological application to methodology with colleagues from different disciplines.

**Impact and importance**

This study concentrates on the subjective and contextual meanings associated with experiences of therapy, as described by a small client group of trainee Counselling Psychologists. As explained in the Introduction, through examining the relevant literature it became apparent that the majority of published research shows a distinct focus on exploring the implications of practitioner (less often trainee) experiences of personal therapy in relation to their subsequent clinical practice. Moreover, the availability of published literature in Counselling Psychology that attends to the trainee's experience as a client of psychological therapy, with an open focus on the subjective meaning ascribed to this experience from the trainee-clients' perspective, is particularly limited, as shown through the Introduction chapter.

Following Yardley's (2000) recommendations, this study aims to add to existing published literature by suggesting a "novel and challenging perspective" on this relatively undocumented area in the field of Counselling Psychology. Research areas with a presumed esoteric focus have been neglected in recent years within the Counselling Psychology. Nonetheless the process of investigating the experiences of my participants convinced me that this type of qualitative research and subject area of inquiry may communicate *valuable insights.* As Yardley (2000) proposes, even though the findings of this study may be of interest to a small number of people, yet they communicate ideas that can have a significantly wider impact eventually.

In their general critique of IPA methodology, Brocki and Wearden (2006) underscore that IPA is not a prescriptive method, and it requires a good balance of consistency and creativity

on the part of the researcher in ensuring *that the account produced is a credible one, rather than the only credible one*, as Smith (2009) also recommends. IPA favours a move from description to interpretation and therefore no claims can be made as to the representativeness of the findings, consistent with the ontological and epistemological assumptions of this study. Nevertheless, as Smith (2009) further suggests, insights from *a good IPA study* can be applied with caution to draw comparisons with similar situations. I anticipate that through the detailed explanation of the methodological and analytic processes in the following sections I can further illustrate the ways in which this study meets the criteria for quality and validity discussed above.

**Methodological Procedures**

In the following sections I will explain in detail the procedures employed to conduct this study, following an IPA research methodology. I will explain the process followed to develop the semi-structured interview schedule used to collect the data, the procedures involved in participant recruitment and interviewing process, and finally how the data was analysed.

**Sampling and Participants**

The participants recruited for this study were seven Counselling Psychology trainees who had completed at least the first year of their Doctoral training, and who have been attending personal therapy at least throughout the time of their training.

The sample was homogeneous and purposive, as Smith and Osborn (2003) suggest, as the aim was to interview participants for whom the research question is significant, and who would be willing to reflect in depth on their experience of personal therapy for the purposes of this study. Smith et al. (2009) suggest that a sample of four to ten participants is deemed adequate for the needs of a Professional Doctorate research project, seven proving sufficient for the needs of this study.

Trainees in their second year and onwards were considered more suitable, given that by that time they may be more settled in their placements, academic workload, and most importantly for this study their personal therapy arrangements. Gender and age were not considered as relevant factors however basic demographics were obtained, as well as information about previous engagement with long term therapy (for details see Table 1 below).

For reasons that are further explained in the following sections, I chose not to recruit trainees from my own cohort for the main study, as advised by my supervisor with regards to potential issues of boundaries and role-conflict, as well as through reflecting on my own

experiences of conducting preliminary pilot interviews with colleagues. Nevertheless, participants from other cohorts of the Professional Doctorate in Counselling Psychology at City University London were not excluded, and one participant was included in the study.

Table 1. Participant details

| Rf. | **Participant** | **Age** | **Engagement with therapy** | **Type of personal therapy during training** | **Counselling Psychology training stage** |
|---|---|---|---|---|---|
| 1 | Maria | 25-30 | Engaged prior to studies | Psychodynamic-Integrative | Year 2 of 3 |
| 2 | Amaryllis | 30-35 | Long term prior engagement | Psychodynamic-Jungian | Year 4 of 4 |
| 3 | Natalie | 25-30 | Started with studies | Integrative | Year 4 of 4 |
| 4 | Julie | 30-35 | Started with studies | Integrative | Year 4 of 4 |
| 5 | Helen | 25-30 | Started with studies | Integrative-Relational | Year 3 of 3 |
| 6 | Terry | 35-40 | Started with studies | Psychodynamic | Year 4 of 5 |
| 7 | Peter | 50-55 | Long term prior engagement | Psychoanalytic | Year 2 of 4 |

**Pilot**

In order to inform the focus and selection of the interview topics as well as to be sensitive to the language used, I followed Briggs' (2000 ) recommendations on gathering preliminary pilot data to reflect on relevant contextual and epistemological issues of the interviewing process. A preliminary informal focus group of peers was organised, consisting of five colleagues from my own Counselling Psychology training cohort at City University London. These trainees generously offered their valuable feedback with regards to the phrasing of the initial questions, and suggested areas of possible interest for further exploration for the study. After the areas of focus for the interview were identified and a final draft of the interview schedule was prepared, I proceeded to a pilot interview with a colleague who kindly volunteered to help, primarily aiming to build on my interviewing skills. Being a novice in IPA research, this pilot interview prepared me in many ways for the formal interviewing processes that followed, however it also made me realise on a practical level the difficulty of *going deeper* in the interview process with a person known to me, as Roulston (2010) has previously emphasised. As mentioned earlier, along with my supervisor's recommendations, my experience of the pilot interview informed my choice to recruit trainees outside of my own cohort, and people with whom I am not very familiar with.

**Recruitment**

In the process of recruiting participants I posted an advertisement (see Appendix 2) in the official monthly BPS Counselling Psychology Newsletter. Furthermore I approached through email and telephone the course administrators of all the accredited Counselling Psychology training programs in London, and requested that they forward my advertisement to their trainees. I also posted my advertisement on the official social media website of Counselling Psychology in the UK, and actively advertised my research through my network of colleagues, to reach out to participants not well-known to me but willing to discuss their experiences of personal therapy.

The recruitment process was ongoing over a period of six months and was completed after all seven participants had contacted me and agreed to meet for an interview. The recruitment process overlapped with the process of interviewing participants, however I did not attempt to start the analysis of the data before all seven interviews were conducted and transcribed.

**Interview topics and procedure**

By considering the feedback gathered from preliminary pilot procedures, and further reflecting on Smith and colleagues' (2009) recommendations for conducting IPA interviews, a final interview schedule was constructed with open-ended, exploratory questions and additional prompts, inquiring into the trainee-participants' experiences of personal therapy. The interview schedule can be found below in Table 2.

In constructing the interview questions I further drew ideas from Spradley's (1979) conceptualisation of the different types of questions that can be used to facilitate participant's explorations during the interview process. In brief these categories reflect questions with a *descriptive* focus exploring elements of personal narrative, a focus on *structural* aspects of the ways in which participants construct their knowledge in their attempt to make sense of their experience, an invitation to *contrast* different aspects of a given experience or compare with other events or contexts (for example through projective questions used in this study), and finally questions with an *evaluative* scope, aiming to explore the ways in which participants seem to feel towards a person or experience.

Nevertheless, consistent with the contextualist epistemological assumptions (Jaeger & Rosnow, 1988) of this study and Smith and colleagues' (2009) suggestions for IPA interviews, I did not treat the interview questions as a strict schedule to be followed, as this would conflict with Roulston's (2010) cautions regarding potential methodological and

epistemological dissonance and Ponterotto's (2005) warnings against "*post-positivizing"* practices in conducting qualitative research.

Instead, I aimed at staying with the flow of each participants' narrative, using the interview items as topic areas to inform my inquiry, and treating the interview space as an opportunity to *interact* with the "data", verifying when appropriate my interpretations of the participants' descriptions within the interview (Kvale & Brinkmann, 1996; Roulston, 2010). The interview approach I employed was greatly informed by Kvale's (Kvale & Brinkmann, 1996) writings on influential quality criteria for interviewing practices, and for the reasons explained above corresponds to the subjective and contextualist nature of this IPA study.

Table 2.

Interview schedule

1. Could you please tell me a bit about your training (what year you are in? how has the experience been so far?)
2. When did you decide to start personal therapy? (what prompted you? One therapist? Modality/approach? How often?)
3. Tell me about your experience of personal therapy. (what did you expect it to be like? How do you feel in the room? How do you feel with your therapist?)
4. Could you tell me about good experiences?
5. Could you tell me about bad experiences?
6. Could you please tell me in what way your personal therapy has affected your way of being with clients?
7. Could you tell me about ways in which your personal therapy may have affected your professional development?
8. Has being in therapy affected your personal life? In what ways? (how your family/ friends feel about you being in therapy?)
9. If you had a good friend starting training, what would you tell them regarding personal therapy?
10. How do you feel about personal therapy being mandatory?
11. What are your plans for the future (in relation to your therapy)?

Being mindful of the potential power dynamics of the interview process as well as contextual issues discussed in previous sections, I opted to inspire an atmosphere of collaboration and *equal power balance* (Hollway & Jefferson, 2008)with the participants, and adopt an attitude of *naïve curiosity,* as Willig (2008) advises, throughout the interview process. In the spirit of collaboration, participants were given an option with regards to the place of the interview; four participants chose to meet with me in the premises of City University London, with the interview taking place in a private room I had booked. Two participants chose to meet me in the facilities of their professional environment (both psychological therapy services), and one participant chose to be interviewed in their house.

All interviews were recorded with a digital recording device. Participants were given the Consent Form and Information Sheet (Appendix 3 and 4) and were provided with adequate time to read through the material. I carefully explained issues of anonymity and confidentiality, which were also stated in the consent form, and after obtaining participants permission I started recording by asking some preliminary questions regarding their age and year of study. The length of the interviews ranged from 50 to 90 minutes.

**Data transcription**

With regards to the transcription of IPA interviews Smith and colleagues (2009) do not suggest adherence to a strict set of guidelines, and in relation to this they emphasise that the interpretative focus of IPA studies relates primarily to the content. I felt more comfortable following Willig's (Willig, 2008) recommendation for a meaningful integration of the linguistic elements in the transcription of IPA studies. Consistent with O'Connell & Kowal's (1995)*rule of thumb* to only transcribe information that will be analysed, I chose to include contextual elements of each participants' speech considered influential to the meaning of their narrative, such as long pauses, sighs, laughter, and notes of inaudible –or *missed*- words.

The transcriptions were divided between myself and a professional transcription service, bound by contract of confidentiality. All transcripts were reviewed in parallel with the audio interview at least twice, in order to familiarise myself with the material as well as make any necessary corrections and anonymise the data.

**Data formatting and analytic strategy**

Once transcriptions of the interviews were complete the analysis of the material began, with the first step of the process being the formatting of the data. As mentioned previously, IPA is not a prescriptive methodology however there are steps to be followed according to IPA researchers (Langdridge, 2007b; Smith et al., 2009; Willig, 2008) to ensure richness of findings, which will be explained further below.

With regards to the formatting of the data I decided early on in the formatting process that I prefer working with pen and paper and lots of hand-written notes. Therefore the transcribed interviews were printed in landscape layout, allowing wide space for annotations on both left and right margins, and with numbered lines, so as to facilitate the later stages of analysis. The steps outlined below were repeated for each transcript, apart from the final step which aimed at integrating the findings from the individual cases.

I read each transcript repeatedly; the first two times I listened to the recording simultaneously to familiarize myself with contextual and linguistic elements of the

participant's speech and expand on my interview notes regarding the *felt sense* of the participants' stories. These preliminary notes were reviewed again at later stages of the analytic process, as I found them helpful reminders to reflect on the ways in which my interaction with the interview material develops. After re-reading the transcripts and immersing myself in the participant's experience, as Willig (2008) suggests, I used the left margin of the transcript for the initial comments. As Smith and colleagues (2009) recommend, my initial comments were *descriptive* in referring to my understanding of the participant's experience, *linguistic* in engaging with the function of the participant's words and the contextual elements of their speech, and *conceptual* in introducing a more abstract and interpretive scope, often taking note of the thing that is missing or the thing that is being said in different ways through the participants words (following the tradition of *hermeneutics of suspicion*). As expected, this initial process produced a large set of data which I then tried to reduce by coding them into emergent themes using different colored pens (please see exemplar provided in Appendix 5).

The emergent themes were constructed to reflect the psychological meaning of the initial descriptive, linguistic, and conceptual comments, focusing on representing the complexity of their meaningful inter-relationships. This part of the analytic process had a more abstract and interpretative focus, yet I consistently confirmed that my interpretations and emerging themes were grounded in the participant's data, aiming to incorporate the participant's words whenever appropriate, as Smith and colleagues (2009) recommend. The emergent themes were then listed chronologically on an excel spreadsheet (see exemplar of emergent themes in Appendix 6), and the same process was followed with all transcripts before proceeding to consider possible ways in which themes may cluster into meaningful units.

At this point I transferred the process back on paper, where I used large A3 white paper for each participant and different coloured post-it notes for every theme (Appendix 7) , attempting to cluster together the emergent themes for each participant, as well as identify connections between them. This pictorial representation greatly facilitated my process of systematic reflection on data, focusing on identifying meaningful patterns between the emergent themes, following Smith and colleagues' recommended ways of examining the data (2009, pp 96-99). The data was transferred back and forth between excel spreadsheets and coloured post-it notes in the process of forming Subtheme categories across all participants. Throughout this process I consistently referred back to the participants' transcripts to verify that my interpretations were grounded in the participants' words, consistent with the idiographic focus of IPA, yet abstract and conceptual in communicating the deeper psychological meanings of the participants' experiences, thus also favouring the interpretative voice of IPA (Smith et al., 2009).

As a final step of the process I integrated the emergent themes of each participant into three Superordinate Themes consisting of twelve Subthemes in total. In this way I attempted to construct a coherent account of the diverse ways in which personal therapy may be experienced by trainee Counselling Psychologists. It is important to highlight that as the emergent themes collapsed into Subtheme and Superordinate Theme categories, the data was re-arranged many times and themes were added, revised or eliminated throughout this continuous and dynamic process of the hermeneutic circle. Throughout this process of intense engagement with the data I felt I was moving back and forth between description and interpretation, as I attempted to communicate the psychological meanings of my participants' experience, balancing between the suspicious and empathic elements of the IPA methodology (Eatough & Smith, 2010; Smith et al., 2009; Willig, 2008).

A clear documentation and paper trail of all the steps followed was kept to facilitate my process of reflecting on my application of the IPA methodology, as well as to ensure issues of quality and validity (see previous section). In accordance with Smith and colleagues' (2009) suggestions, it was deemed appropriate to include themes that related to at least four of the participants' data for this sample of seven.

As explained in the following (Analysis) section, the Subthemes and Superordinate themes that emerged are not treated as distinct and solid categories, rather as inter-connected subject areas sharing considerable overlap between them. Furthermore, in the final stage of the analysis, the choice of Superordinate themes and Subthemes included was also made to reflect what may be of interest to the reader and what further corresponds to areas previously missed in published literature, in line with Yardley's and Smith's (2009) proposed criteria for good quality IPA research (see Quality and Validity).

As highlighted in the Quality and Validity section, throughout the various steps of the analytic process I checked the quality of my work and reflected on the practical application of my epistemological position to the IPA methodology through regular meetings with my supervisor, and by presenting my work at different stages of progress to colleagues and an IPA research group of peers. Finally, issues relating to the ethical conduct of this study are outlined in the section below.

**Ethics**

Conducting research exploring the experiences of personal therapy is a sensitive subject, given its highly private and introspective nature, as well as the common underlying assumptions that are often projected towards being in therapy (Elliot & Williams, 2003; Gabbard & Ogden, 2009; Gerson, 1996). In all my interactions with the participants I remained mindful of Stake's (2000) thoughtful recommendations for sensitivity and respect

towards the individuals who genuinely entrusted me with their personal stories and intimate reflections. As explained in the previous sections, participants' fears of being pathologised or stigmatised in relation to their disclosure were paradoxically explored and interpreted in relation to their meaning for the subject investigated their experiences of personal therapy. Nevertheless, the process of exploring such experiences in the interview was done with care and a sensitive, tactful approach.

This study investigates the experiences of trainees-clients of psychological therapy, however it was not considered to draw its sample from a vulnerable population, and therefore the approval gained from the Department of Psychology Research Ethics Committee of City University London (see Appendix 8), was sufficient to proceed. All the procedures followed in gathering and analysing the data, as well as the principles underlying the write-up of this study are in further adherence with BPS Code of Ethics and Conduct (British Psychological Society, 2006, 2009).

In accordance with the ethical principles identified to guide this study, all participants signed an informed consent form and were debriefed about the purpose and focus of this study, as well as regarding issues of anonymity and confidentiality with regards to data transcription, analysis, and future publication of the study. All data including identifiable information has been kept safely in a locked cabinet in my private premises, while adequate safeguarding measures have been put in place to safeguard electronic files. According to the BPS (2006, 2009) guidelines, details of the participants' and raw data will remain safely stored for five years and will be eliminated afterwards.

Participants were told that the study does not involve any kind of deception, and were informed of their right to withdraw at any point. Participants' potential expressed distress, for example becoming emotional while sharing their experience, during the interview process was explored in relation to the subject investigated as relevant, however as mentioned previously, such moments were handled with sensitivity and all participants were given further information of psychological support services to turn to, should they feel unease after the end of the interview and require further support.

Furthermore, a consistent and transparent communication with my research supervisor was essential in ensuring the ethical and professionally sound conduct of this research study. In addition, my own consistent engagement with my own personal therapy enabled me to expand my scope of reflecting on my participants' experiences, and remain grounded in the ethical principles guiding qualitative research.

Evidence documenting the ethical conduct of this study can be found in the Appendices at the end of the thesis, and a detailed description of the research findings follows in the next chapter discussing the Analysis.

## Chapter 3: Analysis

### Overview of findings

The analysis of the transcripts gave rise to a rich and detailed account of the participants experiences as clients of psychological therapy during the time of their training in Counselling Psychology. Although the life events and individual stories of therapy that the participants chose to disclose appear considerably diverse, in depth analysis of the data revealed that most of them appeared to negotiate similar processes of exploring the reasons for being in therapy and the potential meanings assigned to them, given the dynamics of their multiple roles as trainees, therapists and clients. The analysis resulted in three Superordinate Themes and twelve Sub-themes. Due to the extensive nature of the data collected it was deemed necessary to organise the resulting themes in a way that prioritises answering the research question and highlights aspects of the participants' experiences that are most representative of the material collected and analysed. The table below summarises the Master and Superordinate themes.

| Superordinate Theme | Sub-theme | Participants |
|---|---|---|
| **1. In search of a narrative (defining purpose)** | **Therapy as training module**<br>*"...your work could be quite limited [without therapy]"* | 2,3,4,5,6,7 |
| | **Therapy as mental health certificate**<br>*"Some of the people are just... I would have never sent anyone to that…"* | 2,3,4,6,7 |
| | **Everyone should have therapy**<br>*"…everyone has issues..."* | 1,2,4,5 |
| | **The wounded healer**<br>"*psychology courses attract a certain…you know*" | 1,2,3,6,7 |
| **2. Being a trainee, being a client** | **Questioning the potential of training therapy**<br>"*you need to present yourself a certain way"* | 1,2,3,4,6,7 |
| | **Therapist as tutor/colleague/supervisor**<br>*"…It's helpful but…"* | 1,2,3,4,6 |
| | **Tick box vs Real therapy**<br>*"I don't want sixty minutes…"* | 1,2,3,4,7 |
| | **Challenging the discourse of pathology**<br>*"…it's like blaming the client stuff"* | 2,3,5,7 |
| **3. Learning from therapy** | **The vulnerable self**<br>"*…I could be this really horrible child..."* | 1,2,3,4,5,6,7 |
| | **Negotiating power and autonomy**<br>*"it's for your own good"* | 1,2,3,6,7 |
| | **Modelling intimacy and boundaries** | 1,2,3,4,5,6,7 |

| | | |
|---|---|---|
| | *"…I see myself…"*<br>**Theory and experience**<br>*"I know how you're going to interpret my dreams…"* | 1,2,3,4,5,6 |

It is important to highlight for the reader that the above Sub-theme groupings are not meant to correspond to concrete and distinct categories, rather represent the shared yet idiosyncratic experiences of the participants and reflect both the diversity and the considerable overlap that exists between and within the resulting themes. In this section the data will be presented in parallel with the interpretive analysis and without further discussion of theoretical implications or relevance to literature, which will be covered in the following section.

The first Superordinate theme, titled "*In search of a narrative (defining purpose)*" seeks to explore the ways in which participants negotiate the purpose of their training therapy. This is reflected through the narratives that they appear to construct in their attempts to explain their experiences as clients to themselves and to their social environment.

The second Superordinate theme, "*Being a trainee, being a client*", aims to present the ways in which participants experience their trainee and client roles as both complimentary and contradictory. These experiences are explored in the context of their training and in relation to dominant assumptions about psychological therapy and the purpose or function of their own mandatory therapy.

The third Superordinate theme, "*Learning from therapy*", is concerned with the perceived influence of personal therapy for the trainees' personal and professional development, exploring the ways in which the therapeutic relationship is understood to facilitate emotional connectedness with others and further shape and inform one's practice with clients.

The process of analysing the interview material revealed great diversity in the experiences claimed by the participants, nevertheless their reflections also emphasised the universality of a highly emotional and potentially transformative experience(s) underlying the process of *training as a therapist* and *going through personal therapy* for all participating trainee Counselling Psychologists. Significant experiences relating to these processes were discussed throughout all Superordinate themes, and are presented with consideration to the ways they were introduced in the context of the participants' interviews.

Finally it is important to emphasise that this chapter aims to present an organised and parsimonious account of the data analysis and not to provide an exhaustive report conveying

the quantity of the data collected. The passages discussed were selected purposefully to highlight the interesting and representative qualities of the data.

**Superordinate theme one: In search of a narrative (defining purpose)**

The first Superordinate theme is concerned with the various ways in which participants positioned themselves in relation to the mandatory requirement of personal therapy during their training. More specifically this theme presents different narratives that the participants seem to construct in their attempt to explain or sometimes justify to themselves and to their social environment their experience as clients of psychological therapy.

| | |
|---|---|
| **1. In search of a narrative (defining purpose)** | Therapy as training module<br>Therapy as mental health certificate<br>Everyone should have therapy<br>The wounded healer |

**Therapy as training module**

The "therapy as training module" theme reflects participants' descriptions of personal therapy as an extension of their training experience, while the mandatory requirement seems to serve diverse functions for each of the participants.

For Natalie going to personal therapy seems directly related to her clinical training and more specifically what she identified as her developing capacity to work more effectively using a particular therapeutic approach *("you're in denial…you're suppressing…psychodynamic practice")* . In her narrative Natalie alternates between subject and object pronouns as she relates possibly sensitive moments in her therapy *("it's {not} a one-way process…"*) and their potential translation into useful reflections in her work with clients and supervisors. This shift in her use of language may be an indication of her *ambivalence or negotiation* of two different and *opposite or complementary* (me-you/ trainee-client) perspectives

> *Umm well because you can't just kind of think that it's a one way process and you're going into a job where you are going to understand people, you need to understand yourself first umm and that's much more difficult umm because you're in denial about things, you're suppressing things umm but it's.. it's really interesting actually like umm especially in this placement here where it's psycho-dynamic umm practice so I've used a lot, a lot of myself umm in supervision umm so transference, counter-transference like I wouldn't be able to go without personal therapy umm….*
>
> *(Natalie: 663-670)*

Similarly, Julie also describes the purpose of personal therapy as relevant to her clinical practice, and what she describes as more *relational-dynamic* and not manualised therapeutic approaches. Julie appears to use her experience of personal therapy to evolve from a "brilliant" *CBT* therapist to a relational therapist, a process that she considers relevant to the demands of her training ("...*you could get away… without having to do therapy…")*.

> *...I feel like your work could be quite limited um you know, especially when you're doing quite dynamic work. If you're just doing CBT, that's all you're doing, then maybe you could get away with being a brilliant therapist without having to have therapy but I think even then, stuff gets brought up quite a lot but I.. but in.. in.. in general… it's more, like, if I.. it.. because of the demands of this training.*
>
> *(Julie: 670-712)*

As she unfolds her argument Julie also seems to identify that her process in therapy may further extend to more *personal*- issues which however she seems hesitant ("...*in.. in.. in*…", *"if I.. it..*"), to place in the context of her training commitments.

Terry discussed commencing his journey in personal therapy after being encouraged to engage by his personal tutors earlier in his counselling studies. He appears playful in his manner (*giggling*) as he tries to humour his need for an external imposition in committing to therapy as a student, which may communicate his discomfort with being seen as a client/patient

> *At that point I had done a counselling skills training course and it was not mandatory but recommended, so I thought I'd give it a go. And it was a positive experience certainly. When I looked for another training course that would take me further to qualification I wanted a training course where therapy would be mandatory. As if I couldn't do it myself..{giggles} I sort of needed to be told to do it in a way…{giggles}*
>
> *(Terry: 71-77)*

Terry seems to reflect on the value of the *training requirement* to attend therapy, as a means to *legitimise* his choice to be in therapy, managing potential feelings of shame about his vulnerability *(…I didn't want to believe that I needed it…")* ,and fears of social stigma attached to being a client/patient.

> *I think it's just something narcissistic really. I didn't want to believe that I needed it… I thought I would do it as part of the training. At the time I think there was something about not wanting to …how friends and relatives would perceive going to see a therapist…. Whereas, if I'm doing a training course it legitimises it in a way…*

*(Terry: 79-85)*

Peter however, who has been in therapy for many years prior to his training, appreciates that his years of experience as a client may translate into expertise as a practitioner, as reflected by his metaphor of the therapist as a foreign language instructor (with reference to the requirement of fifteen hours of personal therapy for the first year).

> *You know… If I took my son to a teacher to learn another language and she said 'well, I've done 15 hours' and I'll think 'oh OK, I think I'll have someone who's got a bit more…' it doesn't preclude insight. It seems important to me. It seems a very low benchmark.* *(Peter: 879-885)*

Considering Peter's long-term past engagement with psychotherapy, as indicated earlier in his interview, we may view this as an attempt to frame his extensive experience as a client as personally and professionally transformative, thus differentiating himself from therapists who may lack this additional and essential perspective.

It is noticeable across all participants that an institutionalised relationship between their personal therapy and the doctoral training is constructed to potentially deflect the diversity of one's individual needs and requests as a client/patient. This relationship is further explored from a different angle in the following theme.

**Therapy as mental health certificate**

This theme is concerned with the different ways in which the participants attempt to make sense of the mandatory requirement to attend therapy and the potential implications of any formal communication that is established between their therapist and the training institution. As participants unfold their thoughts and feelings about the function of these arrangements, they also reflect on their anxieties about their own vulnerabilities being assessed or pathologised.

Natalie shows a shift in her initial understanding regarding the official monitoring of her therapy by her tutors as being primarily related to her experiential learning. By engaging in an internal dialogue she reflects some of her anxiety regarding her vulnerability being potentially harmful to her clients, an observation that seems to justify for her the requirement to attend therapy *("…and that's why I need therapy")*.

> *…well it makes sense if we are to be therapists we need to experience how the client… first'… and that was my main thing…that I was holding onto in the initial, but then it kind of developed into this ' well, you know, you deal with very vulnerable*

*people and sometimes very delicate issues arise and I am just a human so I would be better aware of my stuff and my issues and that's why I need therapy' but that came later.* *(Natalie: 37-51)*

Natalie appears cautious to deflect assumptions about her personal experiences by attributing vulnerability to her innate human nature and therefore something abstract and generic, potentially as a way to manage her anxiety over feelings of evaluation for *being just a human.*

For Amaryllis the function of the mandatory requirement resonates with her experience of trainees' personal vulnerabilities *("we have a lot of shit*") implicating risks for the clients *("it's quite dangerous").* Training therapy seems to involve some form of compliance to norms *("excuse my French", "it's mandatory to change" "you are forced"),* while the training institution seems to hold the ultimate responsibility and almost parental authority in assessing whether the rules are kept ("*they have a responsibility…they're supposed to be the training institute").*

*…so I think for me the mandatory is there because we have a lot of shit, excuse my French, and most people don't want to work with their shit and I think if you think about psychic change … it really makes sense [...] change is really, really difficult and it's always personal why you don't want to change so I think if it's mandatory, people are forced and I think a training institute has a responsibility, you know, people will do all sorts of things but they have a responsibility to bring some type of framework because we're trainees and they're supposed to be the training institute so they should have some boundaries for their trainees. If they don't, I think it's quite dangerous, you know…people just…* *(Amaryllis: 1093-1104)*

Earlier in her interview, Amaryllis' narrative further seems to reflect the conviction that personal qualities or vulnerabilities can/will permeate into one's professional role ("…*our cohort is quite personal"… "I would have never sent anyone to that…"),* implying also her ambivalence as to the function of training therapy to correct or help manage the pathology of trainees *("a lot of shit comes up*").

*I don't know how it is in your cohort but our cohort is quite personal, it's quite intimate. A lot of shit comes up. Some of the people are just...you know… I would have never sent anyone to that…* *(Amaryllis: 843-847)*

Unlike Amaryllis, Julie describes her frustration with her dual role as a trainee-client ("*I don't think I would have worried but because of that role, definitely")* and her anxiety over the

unclear function of the communication between her therapist and the program she was training in. For Julie this lack of clarity *("someone…should make that point")* gave rise to fears of how she may be pathologised or scrutinised based on the material she presents in her therapy ("...*that doesn't mean that you shouldn't be allowed to have..")*

> *So if I was any other client, I don't think I would have worried about that so much but because of that role, definitely. So my point is I think that does have an impact and as I've come through it that's become less of an issue but, I suppose, because of that and I can imagine it's quite a common anxiety, that someone somewhere along the way should make that point, whether it's your therapist or whether it's your tutors that, you know, you're going into therapy and yes you're trainees but that doesn't mean that you shouldn't be allowed to have.. (Julie: 893-910)*

In his interview Terry reflected positive experiences of his training therapy, however in the following passage he also expresses his confusion about the *absence* of personalissues *("Particularly in the absence of any depression or anxiety, does it mean there is some repressed trauma that needs to come out?")* or clear rationale justifying the requirement to be in therapy. Terry appears somehow defensive with regards to any inferences of a link with a personal reason bringing him in therapy, and one wonders if the mandatory requirement fuelled feelings of anxiety, shame and self-doubt *("does there have to be something wrong with you?")* about his mental health and life story.

> *I guess I always feel I have to justify it, to myself to some extend… {pause} Because I think, {pause} I think…I am not sure but maybe there is a fear about being in therapy, and what it means to be in therapy, does there have to be something wrong with you? I mean…Particularly in the absence of any depression or anxiety, does it mean there is some repressed trauma that needs to come out? I think in the first couple of years I had fears about that. (Terry: 489-496)*

Contrary to Terry, Peter seems to support that the experience of personal therapy mediates one's suitability to engage with doctoral-level training and become a therapist. In addition to the personal value that Peter ascribes to his therapy in helping him confront deep-rooted issues, he also seems to identify the requirement of personal therapy as a way to potentially evaluate or assure quality and fitness to practice of therapists. Such requirement or evaluative process was neglected in his training as a counsellor *("when I did the counselling training and first started practicing I would say I probably wasn't a suitable person*..."), which Peter further relates this with his decision to pursue further training to become a Counselling Psychologist *("…I became disenchanted with the counselling side…"*), and presumably take

steps to advance his professional status and clinical practice. Potentially this advancement is also reflected for him through the mandatory requirement to be in therapy.

> *Without personal therapy, I doubt I would have been a suitable person to be a candidate now for the DPsych. If I really put my hand on my heart, when I did the counselling training and first started practicing I would say I probably wasn't a suitable person, I lacked…{…}…and I became disenchanted with the counselling side. Useful, I mean it's not to diss it but I also came across some people who were absolutely cuckoo, and really shouldn't have been practicing, not just in counselling but in psychology.* *(Peter: 942-950, 952-955)*

Peter seems to associate the mandatory requirement or monitoring of personal therapy with an opportunity for a mental or moral sorting-out of suitable therapists, reserving however his conviction as to whether personal therapy may actually serve such functions, similar to the point made earlier by Amaryllis.

The different extracts convey a spectrum of experiences regarding participants' process of negotiating the meanings and implications of their own vulnerabilities and potential anxieties of self-pathology in therapy and in the context of their professional training and clinical practice.

**Everyone should have therapy**

This theme pertains to participants' descriptions of their training therapy as a *normative experience*, in which anyone or *everyone* should or could engage. In these narratives the purpose of therapy appears characteristically common or overly generalised, which can be interpreted as another attempt to manage the *ambivalence* or shame that some of the participants may experience as they negotiate the meaning and purpose of their therapy.

Maria describes her therapy as an open-ended process of exploration potentially deflecting the assumption of a specific underlying need or demand made by her as a client *("It was just purely explorative…I wanted no end date, I just wanted…and just…")* She places the focus of this process on helping her make sense of or deconstruct her personal narrative, yet again she remains reluctant or ambivalent *("etc. etc.","….no goal per se..?"*) regarding the undefined purpose of this process.

> *It was just purely explorative. She does CAT and Psychodynamic therapy, so kind of went and told her I wanted no end date, I just wanted to explore my whole childhood, from kind of beginning to now, and just see how my interactions are, and my relationships with my mother, my relationship with my dad and how that's impacted*

*me, and it's impacted my relationships etc. etc. so it was really kind of like an exploration rather than a specific goal per se? (Maria: 68-78)*

For Amaryllis the purpose of therapy seems to be apparent and more generally applicable to the majority of people. Amaryllis makes strong statements (*"everyone has issues!", "…what the Hell.."*) in her attempt to describe vulnerability as embedded within the human experience. Her intense tone ("*even the most healthy upbringing will have issues!{emphasis}")* may also indicate an underlying frustration or discomfort with her own feelings of suffering that brought her (or keep her) in therapy. This may be also observed through the comparison she draws later on with her clinical DPsych colleagues who are not expected to undergo personal therapy.

*I'm starting to realise that I can be a bit like 'what the hell are you talking about?' with people that have this perfect stance of like 'I don't have any issues' and it's like everyone has issues! {emphasis} Everyone has issues even the most healthy upbringing will have issues! {emphasis} So, you know, because I know that from the clinical, like I have friends that do the clinical training, like clinical psychology, they do therapy if it's required and I don't know what the hell that means 'if it's required' because I see therapy not as 'I go and do it when it's required' I see it as a necessity just like I see that I need to eat food not {just} because I'm hungry or because it's required but actually because I enjoy it as well! (Amaryllis: 912-927)*

Amaryllis further constructs a graphic image through her metaphor of *therapy as food* and the comparisons she draws between *need*, *imposition* and *desire* in this latter part of her passage. Her aim appears to be to emphasise the shared nature of such conflicts amongst people or therapists however it can also be understood to communicate a way to resolve her ambivalence throughout her sense of dependency on her therapy for support and comfort.

Similarly Julie appears to attempt to justify or de-shame her therapy in her social environment *("everyone knows it's something I had to do…")* through her role as a trainee, and appears to further manage any potential conflict by expressing almost in provocation *("but I'll still say to them")* her beliefs about the normative nature of therapy ("*everyone should have therapy"*). Nevertheless, one wonders about the function of the hesitant nature of her speech, indicated by her unfinished sentences (*They're always just ver... I've prob… I still… "…everyone should have therapy but um…")* to communicate her ambivalence or doubt with regards to a normative view of psychotherapy.

*They're always just ver... they're always just very curious… I think because I've prob… you know, everyone knows that it's something I've had to do because of my*

*training, I still... but I'll still say to them even if I didn't have this training I think… you know… I often say… I think everyone should have therapy but um…*

*(Julie: 621-644)*

Similar attempts to frame therapy as a normative and common experience appear in most of the participants' interviews. The following passage reflects Helen's internal negotiation of different positions, or narratives, adopted in order to justify or de-shame *("…there must be something wrong with me", to "it's part of the training"*) her choice to be in therapy by reframing it as a normative experience *("…going to the dentist or…something")*.

*…but it was just interesting that yeah people have sort of different perceptions about why you go for therapy and they see it from their perspective and I guess at the beginning of the training I was like 'yeah I'm going to therapy' I was a bit wary sort of telling people and I guess I had the same maybe stereotypes as other people had like 'oh my gosh, yeah, there must be something wrong with me but, you know, I'm just going because it's part of the training' but I guess now I'm sort of proud of going to therapy, I think there's been a change in the attitude and I'm like.. I just take it as a normal part of life really, it's like going to the dentist or…something that you just do every day.. I mean every day…every week.* *(Helen: 728-739)*

Helen has a slip of tongue at the end of her passage (*"…something you do every day…I mean every week.."*) that may also relate to both her clinical training and placements (which are presumably almost every day) as well as to the intensity of the personal process she may be engaged in, both through therapy and training, and which she comes to experience as normative ("*I just take it as a normal part of life really…you just do {it} every day").*

Most participants reflected experiences of personal therapy as normative and common, something they may not have chosen to do initially but have come to appreciate it as potentially valuable and applicable to everyone. Nevertheless, the exemplars also indicate that participants inevitably undergo a process of reflecting on the less-ordinary and more personal reasons that may underlie their choice to be in therapy.

**The Wounded Healer**

This theme describes different ways in which participants seem to explore potential links between their own personal struggles and their subsequent choice to train in Counselling Psychology. The wounded healer metaphor seems to run through all the interviews as a dominant narrative, loaded with many different assumptions which participants use to reflect on their own experience.

In the following passage Maria discusses her thoughts about the purpose of her personal therapy and reflects her observations about the use of studies or clinical work by therapists as a form of self-therapy ("…*a lot of psychologists start because they want to help themselves..")*

> *… And I think, I think psychology courses in general attract a certain, you know, a lot of psychologists start because they want to help themselves in a way and in sense they are looking for help themselves, and I think if you can't get, sort through your own shit, how are you going to help someone else? So I think, yeah…*
>
> *(Maria: 666-669)*

Maria seems to further reflect on the assumption that one can help their clients develop only to the point they have developed themselves, thus linking again the personal therapy with the demands of clinical work from a professional and potentially moral perspective. She locates this conflict somehow outside of herself *("a lot of psychologists..", "If you can't get, sort through your own shit…")*, however her narrative may also reflect her internal dialogue in negotiating the purpose of her looking into her own struggles in the context of her training therapy.

Amaryllis expands this point further as she unravels her experience of how her personal struggles may have affected her practice and reflects on a direct link between her personal therapy and her duty of care towards her clients (*"how I started self-caring was for my clients"*). It is possible to assume that for Amaryllis her professional role and her increased sense of commitment towards her clients serves as an acceptable or more acceptable reminder of her own vulnerabilities *("a lot of the shit that comes up with my client is ...about my family")* and limitations *("…boundaries")*, which may be otherwise avoided as threatening or potentially harmful for her and others ("…*my family is really sinking this ship…", " …that's really painful, it feels very selfish")*

> S*o I kind of feel like my family is really sinking this ship because they have so much shit and it always comes on me and I always feel the responsibility to help them so I kind of need to drop that in a sense and that's really painful, it feels very selfish and I have a responsibility towards my clients because there are times I go to sessions and I can really feel that the shit that comes up with my client is about my sister, is about my family, something that they said and did that upset me because it's just very disturbing, you know, so a lot of the boundaries has been about my… it's really sad to say this but... how I started self-caring was for my clients, it wasn't for me.*
>
> *(Amaryllis: 1592-1610)*

In contrast, through her passage Natalie describes a different experience of potentially feeling excluded from *the group of healers ("…awaiting an interview to one of the universities…that I didn't get a place in"),* for what she felt was her lack of experience as a client, or her evaluation as not being *wounded enough* ("...*does it mean I should have had like major issues to…resolve")*. Natalie's tone seems to question the potential of the wounded healer metaphor and possibly reflects feelings of resistance and frustration towards the implied imposition of vulnerability.

> *Umm so yeah umm I remember when I was at the interview to one of the… umm…. … that I didn't get a place in…. and there was this guy, and I was also being interviewed, and he was talking about like years of therapy before and I was just sitting there thinking 'my God…I, like, I don't have that experience and will I ever get on the course, like, does it mean that I should have had therapy, does it mean I should have had like major issues to…resolve…* *(Natalie: 78-88)*

A similar point is made by Terry, who expresses his antipathy with the wounded healer metaphor more directly and reflects on the ways in which he negotiated the experienced imposition of vulnerability (or pathology) in relation to his choice of training and mandatory therapy.

> *Yeah, it reminded me the contempt I felt a few years ago with the expression the wounded healer. I didn't like that expression at all! I thought I am not wounded, and I just didn't like it really!... And I kind of decided that therapy for me would be about learning and unlearning as well. Which is essentially, it comes down to the same thing but to reframe it in that way, the emotional learning was also important.*
>
> *(Terry:229-236)*

For Terry reframing therapy as a process of "*learning and unlearning"* seems to neutralise or help manage the discomfort that he experiences from exposing his own *wounds* in the context of his future professional role (*as a healer*).

All the participants made references to this theme at different points in their interviews and their accounts showed both a diversity of experiences and a reflection of a common process that they undergo in their attempts to negotiate the meanings of their personal experiences of therapy in the context of their counselling psychology training and practice.

**Superordinate theme two: Being a trainee, being a client**

This Superordinate Theme outlines the ways in which participants appear to negotiate the duality of their role as trainee-clients, and engage in a critical reflection of the dominant assumptions or narratives regarding the purpose and functions of these different, conflicting and compensatory experiences.

| | |
|---|---|
| **2. Being a trainee, being a client** | Questioning the potential of training therapy<br>Therapist as tutor/colleague/supervisor<br>Tick box VS Real therapy<br>Challenging the Discourse of Pathology |

**Questioning the Potential of Training Therapy**

This theme presents different ways in which the participants appear to question what they have experienced as dominant assumptions regarding what their training therapy *is supposed to be like* or what potential purpose it aims to achieve, and consequently what expectations they see themselves having as clients.

Maria appears to describe personal therapy as a process of personal discovery, of uncovering hidden meanings underneath the surface ("*what's really under all this* stuff"), a process of *emancipation ("Their defences are a prison!")* where the trainee client deepens her insights through deconstructing and reconstructing her internal world ("*let go of those defences? And rebuild stuff?").*Her description along with her shifts between first, second, and third person pronouns in her narrative seem to reflect both her identification with dominant beliefs or narratives regarding *what therapy is* or *what therapy does*, and her ambivalence or scepticism regarding the potential of training therapy to meet such expectations *("maybe people don't want to open up in that short time…the money may be stopping them…you have to be able to do it yourself")*. Furthermore, Maria's use of a "*defenses as a prison"* metaphor in the context of this passage highlights the underlying paradox of training therapy as a mandatory emancipation.

> *It's like jumping in and seeing what's really under all these stuff, what is going on here, and I think the assumption is that we are all insightful in this course, but I don't think that that's actually true, I think there are certain people who are more insightful and other people are quite closed off and their defences are actually like…a prison! Their defences are a prison! So I think they are probably terrified of going there, and I can understand that, but I think, and I guess, if you only have 40 hours, then really can you really let go of those defences? And rebuild stuff? I guess if you're going*

*weekly and you're seeing someone for long term, so there is that question as well, so maybe people don't want to open up in that short time and also the money may be stopping them, and also...you have to be able to do it yourself to understand the process.* *(Maria: 799-815)*

A contrasting point is made by Natalie, who seems to reflect her confusion and potentially conflictual feelings of blame and indignation *("damn it…what's wrong with me?...is it me or is it them?"),* as she directly compares her own experiences of finding *difficulties in settling in with a therapist* with a quote from the training program's handbook, which is interpreted to reflect the dominant narrative, and a more coherent and linear process of engaging with therapy.

*I think she just wasn't a very good… umm… kind so if I stuck with her then that would have been a completely different story altogether like there was a umm… in our handbook it said about, you know, the requirement of the therapy and how many hours each year minimum and it said in brackets preferably all the 80 hours would be with one therapist umm so I was like 'damn it, you know, what's wrong with me. I'm done with the second therapist, I'm onto the third umm like, is it me or is it them? umm so it would have been... I think it depends a lot about the therapist or the therapist client kind of interaction, you can't click with everyone.*

*(Natalie:845-855)*

In the context of this passage Natalie's conflict with the handbook can be interpreted as expressing her need to diverge *("…if I stuck with her …she just wasn't a very good…")* from the dominant expectations prescribing how her therapy is supposed to evolve (*minimum hours…preferably all the 80 hours would be with one therapist*), while her concluding resolution may reflect the ways in which she negotiates the personal nature of her therapy, and what kind of client she can be.

Julie's passage seems to communicate her feelings of frustration and emotional exhaustion ("…*that's been very hard to carry all the way through*") in relation to her experience of feeling under considerable pressure *("always a constant feeling of being on edge…")* to manage concurrent yet conflicting *demands* that she appears to feel subjected to meet as she *transitions* between her different roles (therapist- trainee-client).

*Um I think just the constant demands of you in different roles has… has been particularly hard as well, you know, being in placement, writing a thesis, being a client, all those things have been quite challenging, like the transition between those has been quite challenging um but also it's really the... just the demands of you and*

*feeling.. I think there's been always a constant feeling of being on edge like you're being scrutinized constantly and that at any moment it could all mess up so I think there's been that that's been very hard to carry all the way through…*

*(Julie: 27-39)*

Julie reflects feelings of intense anxiety and a subsequent need to *fix herself* in some way, as she sees her success presumably on the course depending on this ("*at any moment it could all mess up")*. This theme is further elaborated in the following passage of her interview where Julie seems to discuss more directly her own struggle to negotiate conflicting role demands (or discourses) and be a *functional patient* in response to the threat of external scrutiny *("you're not somebody who's got loads and loads of issues")*.

*So I… I definitely think that that would have impacted because you feel, you know, and it's something we talk about on the training really, it's like you feel that because you're a trainee, there could be a tendency to feel like you need to um present yourself in a certain way, that you're.. you're not somebody who's got loads and loads of issues… (Julie: 165-176)*

Terry makes a contrasting point by protesting his frustration ("*I don't need therapy!")* as he negotiates the purpose of his training therapy and subsequently his status as a patient.

*I think when I first started personal therapy there was a bit of resentment, I think I reacted to the idea that I need therapy. I don't need therapy! I didn't think of myself as having something wrong with me that needed to be therapized! And when my therapist, a couple of months in, first said something echoed what I thought "you don't really need therapy the same way some of my other clients need therapy" and it was just something,…. it had to do with training,…. I knew I had chosen to be on this course for which therapy was mandatory…so I knew it was something I wanted… but I wasn't sure what I wanted to get out of it... (Terry: 51-60)*

Terry's passage may further indicate a potential dependency upon the therapist as a mental health authority figure to define the *client's need for therapy ("you don't really need therapy the same way some of my other clients need therapy")*. One wonders on the potential function of the therapist's definition *of who needs* therapy as well as the purpose of this interpretation by Terry ("…*said something echoed what I thought…"),* who appeared to be relieved yet confused with the answer he thought he got. Terry's subsequent short, interrupted sentences and hesitant reflections may communicate his confusion and (*"something…something…"*) about the meaning of such external definitions and his

ambivalence about the difference between his needs *("I don't need therapy!"),* and desires *("…but I wasn't sure what I wanted to get out of it...*) in relation to his therapy.

All participants discussed relevant experiences that reflected both their enthusiasm as well as their skepticism with regards to the assumed purpose and functions of their training therapy to evaluate or transform them as people through following pre-prescribed practices.

**Therapist as tutor/colleague/supervisor**

This theme relates to the participants' experiences of their training therapy as complementary or contradictory to their clinical supervision and training. Most participants seem to reflect experiences where their client role may be compromised at times *in favor of* their capacity as trainees.

Amaryllis seems to have experienced her therapist providing her necessary support in her challenging clinical work in training placements. She appears to make a blunt and provocative argument to express her disappointment from her clinical supervision, criticised as serving an empty function *("basically is about different services ticking")* which her therapy is then dedicated to correct *("the important thing is how you work through it and you need therapy to work through it")*.

> *…you need therapy to work through it, you know, I don't think supervision is sufficient, especially supervision in this day and time which basically is about different services ticking and saying that they supervised someone so if the shit comes down, they'll say 'I had supervision' and, you know, 'I made sure that things were right' so it will come on the trainee and this is why training institutes ask you to have your own insurance because services in those instances won't help you, they will just blame everything on you (Amaryllis: 1177-1190)*

In her narrative Amaryllis reflects her feelings of her therapist potentially as the sole ally she can depend on during a time where she feels *uncontained, blamed, and potentially threatened* in her role as a trainee *("have your own insurance… if the shit comes down… they will just blame everything on you")*.

Similar to Amaryllis, Maria describes finding it necessary to use her therapy as complementary to supervision, in response to what feels like lack of support and investment in her by her clinical supervisors ("*certain kinds of supervision I found ignores you as the practitioner").* Maria makes a strong argument *("you could be a monkey sitting in the room")* reflecting her frustration with the feeling that potentially certain aspects of her practice may

be unsupervised, possibly in relation to her emotional exchange with her clients and her use of self ("*what your experience or background is, I personally believe it does matter, it does")*

> *But without doing that, I think there is a tendency to forget about your impact on the client, and I think in supervision, nowadays, I mean my external supervision is, again it depends on what kind of supervision you're getting, but again certain kinds of supervision I found ignores you as the practitioner, I mean you could be a monkey sitting in the room I mean just doing the same thing and it makes no impact on you, it doesn't matter what your experience or background is, I personally believe it does matter, it does, there is countertransference, there is transference, processes going on in the room and I think that's really important but again I guess it depends on your modality and what you believe in…I think that's the difference.*
>
> *(Maria: 723-735)*

Maria's use of psychodynamic terminology to argue her point throughout the latter part of her passage may further indicate how her experience and possibly expectations of the functions of training therapy and supervision are mediated through her own chosen modality and epistemological/theoretical position as a practitioner. Her particular choice of words and certain tone *("…it depends on your modality and what you believe in…I think that's the difference.")* suggest a passionate attachment to theory which comes to define one's world views, similar to a religious conviction.

Julie reflects a different experience, where such *complementary* or *contradictory* initiatives by her therapist to act as a supervisor are often received with frustration and potential resentment. For Julie her therapist seems to be *breaking the rules*, or the boundaries of their therapeutic encounter *("you shouldn't really be talking to me like this, like just because I'm a trainee")*, when favouring her capacity as a trainee as opposed to her process as a patient/client *("I'm not really asking for her feedback, I'm just voicing it!")*

> *OK I find it helpful but then at the same time I think you shouldn't really be talking to me like this, like just because I'm a trainee and because I.. just because I'm initiating these.. I'm talking about these things but I'm not really asking her to respond in these ways but she is. I'm just expressing 'yes I'm writing my research', 'yes this is frustrating', 'yes that's frustrating' um 'I like these models of therapy' but I don't.. I'm not really asking for her feedback, I'm just voicing it! So I think, yeah, if I really think about it there is that.. I think the i.. if I really think about it and I really think about the fact that it's because I'm a trainee that she responds to me in this way that is quite frustrating and then there is that significant switch in our session when it comes up.*
>
> *(Julie: 558-574)*

For Julie such moments appear to be distinct and identifiable by the feelings of frustration she experiences when her therapy *switches* to a form of supervision which, based on her account, may be discouraging and counterproductive for her process of opening up and engaging as a client.

On the contrary Terry seems to feel less frustrated when he also encounters times that his therapist will divert in to a theory tutorial ("*and I will be there, listening with interest…")*

> *… there are times when he will go in to theory, and I will be there, listening with interest, and on reflection thinking {giggling} "this is supposed to be my therapy, what is he doing? Why is he going in to this? This should be my personal therapy…"{giggling} So, those will be times …that's the closest I can say… to something bad or… an error.*
>
> *(Terry: 408-412)*

Terry has a seemingly playful tone ({*giggling}*) and appears careful *(frequent pauses)* in framing such experiences in a negative way, which may possibly suggest his attempt to mask feelings of discomfort or anxiety. This may potentially communicate his ambivalent feelings about the function of such moments that *are* both *interesting* for him (as a trainee) and *unexplainably wrong* as a patient/client ("*what is he doing? Why is he going in to this?*").

Most participants made comparisons between the ways in which their therapy is similar to or different to their supervision, and how it may be used to compensate for lack of adequate support by supervisors. Nonetheless the instances where such collegial dynamic is introduced by the therapist seem to be met with discontent, frustration, or ambivalence on behalf of the trainee-client, suggesting the potential need for some to negotiate the boundaries between their personal and private life and their professional role.

**Tick box vs Real therapy**

This theme pertains to participants' experiences of agency over the purpose and length of their therapy, as they undergo a process of deconstructing and negotiating the meanings of their internal needs in relation to the external requirement to be in therapy.

Peter reflects on the proposed length of his training therapy and describes how meeting the external requirements confronted him with a sharp and challenging dilemma both internally *("I'm uncomfortable with this issue"*) and within his therapy *("so are you going to do therapy or are you going to do a tick box exercise?"*) regarding the purpose of his attendance.

*…there was a requirement for 15 hours in the first year, but when I came up to my 15 hours with the psychoanalyst I liked what she said and I said 'well you know, it's 15 hours but I'm uncomfortable with this issue that it's only 15 as a requirement' and her response was 'so are you going to do therapy or are you going to do a tick box exercise' and actually until that point I was going to do a tick box exercise and I said 'no, I'd like to continue.'* *(Peter: 844-850)*

It seems that this process instigated Peter to question the function of the guidelines *("I'm uncomfortable with this issue that it's only 15 {hours} as a requirement")*, and enabled him to reframe the ambiguous purpose of his therapy (*tick box*) and potentially validate his *real* need or choice for therapy.

In the following passage of her interview Natalie appears to describe her therapy as disconnected from her personal desires ("*I don't want 60 minutes"*), resembling a choreographed act of performance rather than a spontaneous organic exchange *("I was preparing my material")*. Natalie seems anxious to define what is expected of her in therapy *("she expected me to talk for that 60 minutes),* as she finds she has little control over the frame as a client ("*and I was like 'I don't want to… I don't want 60 minutes", "…and I told her like 'I find silences uncomfortable'").*

*…it was really difficult umm and I remember she said, you know 'I offer 60 minutes rather than 50 minutes and I was like 'I don't want to… I don't want 60 minutes…Because.. because umm the reason why is that she like barely asked me anything so she expected me to talk for that 60 minutes so what I was doing…I was preparing my material… to make sure I had enough for like the 60 minutes, so that was really like anxiety provoking and I told her like 'I find silences uncomfortable' and then we were once again sitting in silence for like minutes… umm…which I know it's...you know… it has relevance in literature but I wasn't like.. I didn't know what was going on… umm and then… like, I was feeling a bit…*

*(Natalie 908-930)*

Through observing Natalie's narrative and the shift in person pronouns at the later part of the passage *("I know…you know…"*) it seems that Natalie tries to make sense of her confusion by shifting between her different roles of trainee psychologist *("it has relevance in literature but I wasn't like…")* and client/patient *(… umm and then… like, I was feeling a bit…")*, in her attempt to resolve her anxiety about not knowing the purpose of things or being the one who doesn't know (*"I didn't know what was going on").*

For Maria it appears that her felt sense of purpose and commitment towards her personal therapy is inextricably bound to her professional role as a trainee psychologist, and therefore seems to be subject to ethical evaluation *("they were just pretending, faking, just to get the hours! And I thought that was really really unethical!*").

> *I mean I think it's because in my PPD group there is certain amount of people that disclosed that they were not actually…they were just pretending, faking, just to get the hours! And I thought that was really really unethical! Because, again, how can you expect someone else to be completely honest when you don't even respect the process and go in and fake what you're bringing in therapy? I mean a) how the hell are you able to fake it? And b) how is your therapist not noticing. But there are other questions. I think just the fact that you are thinking of doing that is just…questionable…* *(Maria: 783-795)*

Maria uses polarised language and adopts a moralistic tone *("...unethical!", "... completely honest…", "…don't even respect…", "how the hell…", "that is just…questionable…"),* shifting person pronouns and possibly symbolic positions (trainee-client-colleague-judge), which may be interpreted as her attempt to negotiate conflicting discourses regarding the many purposes of training therapy, as well as her own potentially conflicting role as an *ethical client.*

Julie takes a different perspective arguing for the significance of personal meaning and purpose in her therapy, despite the external requirements which may function as a frustrating convenience ("*it was more a convenience thing…why I stayed with her for so long…*"). Julie reflects a sense of regret ("*didn't just settle… why I stayed with her for so long")* regarding her own earlier experiences of therapy which bring her potentially to caution new trainees not to treat therapy as a *tick box exercise* ("*it's not just because you have to have therapy").*

> *To make sure that they… to make sure they had a… they didn't just settle for whichever therapist came along because I think that's what I did initially, you know, it was more a convenience thing which is why I stayed with her for so long. Um so yes, to try and get a therapist through recommendation um but also to use it in a way that they can, I don't know… it's all very personal isn't it… it's different for everybody but.. I think.. I think… yeah, I… like sort of get... encouraging them to think about what they would want to get out of therapy, that it's not just because you have to have therapy, what is it that you think you would want to get out of it.*

*(Julie:777-782)*

Julie avoids exploring further what is framed by her as a potential need for convenience or for *convenient therapy* during her training. Her tentative, hesitant tone and unfinished sentences *("I don't know… it's all very personal isn't it… it's different for everybody but… I think… I think…"*) regarding a more *real or meaningful* process in therapy may further reflect her internal ambivalence in negotiating the two different positions she employs as trainee and patient, which may be both conflicting and compensatory *("that it's not just because you have to have therapy, what is it that you think you would want to get out of it")*.

**Challenging the discourse of pathology**

This theme reflects participants' experiences of revisiting, deconstructing, and possibly readjusting their past beliefs and assumptions regarding human suffering and pathology, as well as the nature of their own vulnerabilities, as they engage more deeply with their own personal therapy and clinical work.

In her interview Amaryllis unravelled the ways in which her experience of working with clients informed her internal dialogue regarding the pathology narratives that seem to run through mental health settings, as well as her own personal quest into the potential nature of her own vulnerabilities. Reflecting on her experiences, Amaryllis identifies *relationships as the origin of psychological suffering orpathology (-ies) ("anything from schizophrenia to personality disorder to bi-polar to")*, and potentially challenges dominant medicalised ("*there are people that have organic problems, you know,{..} but most people…")* and decontextualised preconceptions *("There's always something relational")*

> *.... if I think about all the years I worked with people and I think about all the years of my own shit, I think what was the problem was relationships, you know, the problems with people, you know. I do think there are people that have organic problems, you know,{..} but most people I worked with, you know, anything from schizophrenia to personality disorder to bi-polar to ….There's always something relational, there's something about relationships, you know… (Amaryllis: 590-604)*

Amaryllis further proclaims her frustration in speaking about the ways in which she found her personal experiences *("I think about all the years of my own shit")* contradictory to potentially common stereotypes *or narratives* (*simple vs complex)* regarding psychological *pathology (-ies)*, and in the following passage appears to conclude *with confidence* that *complexity is normal*.

*…I mean, I'm sorry but fuck that! There's no such thing as simple! I've rarely met people with simple issues and I think that's really nice because I always felt I was this complex person, I almost pathologised myself, there's something really sick about me, but I realised that a lot of people have complex issues, there's no such thing as simple issues, you know…* *(Amaryllis:619-639)*

Helen gives a more concrete example of how her experience of personal therapy helped her appreciate the ways in which she is similar to her clients, and challenged her almost pathologising fears about the nature of her anxieties ("*'oh my God, I'm really nervous, what's going to happen', 'I'm the only one in the room with that anxiety!*"). By observing that *there are two anxious people in the room*, Helen seems to reach a similar conclusion to Amaryllis, and reflects a sense of relief *("it just made me feel more relaxed")* regarding the shared (*or normal*) nature of her vulnerabilities.

*Umm I think it was quite useful because at the beginning I remember as a therapist I was feeling really anxious with the clients because I had no clinical experience whatsoever so I'm thinking 'oh my God, I'm really nervous, what's going to happen' umm and I was thinking 'I'm the only one in the room with that anxiety!' so seeing the same situation from a different perspective, from the client's perspective, allowed me to think 'OK actually when I'm in the room with the client, I'm not the only one who's anxious, the client is freaking out like me probably' and it just made me feel more relaxed.* *(Helen: 169-181)*

Helen's passage potentially elucidates her attempt to negotiate a common ground for her two *opposing roles* (trainee-client, *"...different perspective"*), as her experiences of personal therapy appear to respond to both her personal processes as well as her development as a practitioner *("I'm not the only one who's anxious, the client is freaking out like me probably")*. In contrast to most participants Peter prioritises his long-term experience of psychotherapy as a starting point to reflect on the ways he finds the use of language by therapists as potentially infantilising for him as a client *("…the client, the patient,…")*.

*I never until recently was able to actually go into a therapeutic situation where I'm the client, the patient, even patient, there, that's... even… I don't like the term, it kind of signifies something, the difficulty that someone's interpreting my world for me. I don't even know what's going on in my head sometimes, how can somebody else know? I suppose experiences in life where people have interpreted, if you like, explained to*

*themselves or me things that I'm doing that just felt like blaming me, you know, it's like blaming the client stuff.* *(Peter: 81-88)*

Peter's reflections of *feeling blamed* can be understood to stem from feelings of anger and confusion *("I don't even know what's going on in my head sometimes, how can somebody else know?")*, and a sense of *disconnection* that he experienced through the imposition of external narratives *("explained to themselves or me things that I'm doing"*), reflections which, as he explains later on, have been highly influential to his practice.

Most participants discussed themes of negotiating and redefining their previous beliefs and possible assumptions regarding mental health stereotypes, narratives explaining pathology, and social stigma of *going to therapy* through reflecting on their own experience as clients-or patients- and concurrent role as (trainee) therapists and therefore potential *representatives* of these dominant discourses.

**Superordinate Theme Three: Learning from therapy**

This Superordinate Theme focuses on participants' experiences of training as clients, contrasting and integrating experiences of their personal therapy with other components of their training experience such asworking with clients and learning from theory. The following Sub-themes aim to represent different ways in which the therapeutic relationship and the corresponding experience as a client appear to shape or mediate aspects of the trainees personal and professional development. These experiences further elucidate underlying functions of training therapy, such as acknowledging the value of vulnerability and the subjectivity of the therapeutic encounter, negotiating power and difference in the room, exploring relational intimacy and boundaries and developing a further space to reflect on the application of theoretical concepts.

A significant proportion of the analysed data was categorised under this organising principle, and important similarities were observed between the different interviews. The quotes presented here were purposefully chosen to reflect the spectrum of the experiences discussed by the participants, aiming in this way to illustrate the multiple and diverse functions of their training therapy, as they experienced it.

| | |
|---|---|
| **3. Learning from therapy** | The vulnerable self<br>Negotiating Power and Autonomy |

**The vulnerable self**

In general participants' reflections on experiences of vulnerability are evident throughout all the themes generated from the analysis of the interviews. Quotes chosen for this theme specifically aim to represent ways in which participants make sense of their own *vulnerabilities* in the context of their personal therapy, as they negotiate the meanings of their internal experiences through reflecting on the relationship with the therapist, and subsequently the self and others.

The following passages may be further considered to reflect a crucial function of training therapy, to facilitate trainees expanding of their awareness regarding their own internal processes and subsequently further developing their abilities to respond to the *vulnerabilities of others.*

Maria shares her reflections of her therapy as a space where *simple or everyday* exchanges are experienced very differently, in contrast possibly to her social life. Her examples may suggest that *as a process* therapy *magnifies the emotional dimension* of the relational and *non-verbal* exchange *("…so she'll get up…get a glass of water…she'll sit in a specific way…she'll look down…")* that takes place in the room thus potentially shedding light onto the meanings of different forms of *emotional* communication.

> *... Little things like for example in my therapy with her I think... so she'll get up and get a glass of water whilst I'm talking and then like,… and then like,… or like, {whispers}I make her sound terrible, {louder tone} she's not! But like she'll do things like maybe she'll sit in a specific way or maybe she'll look down… and… there's all… those… small subtle things that you kind of notice and you go "Hhhmm", the things that you may think are so… small… might actually be quite… big for someone.*
>
> *(Maria: 321-357)*

It's possible to further interpret that Maria appears to feel *small* and *little* herself, vulnerable against (*small/big) signs* of *rejection* by her therapist, feelings that are also reflected in her worry *not to sound* (*she whispers*) critical of her therapist, who *is big* as opposed to her, and appears powerful in her impact towards her *("I make her sound terrible")*. In the later part of her passage Maria shifts between first and second person pronouns ("...*the things you may*

*think*…") and in her concluding sentence she appears to identify with both the "*you"* and the "*someone"* in her narrative, thus potentially reflecting on the meaning of her vulnerability as a client and on possible implications of such reflections for her own clinical practice.

Amaryllis describes finding relief and comfort ("… *I really liked that…")* in her vulnerability through being able to *be safely bad* in her relationship with her therapist. Amaryllis describes experiencing her therapist responding potentially *as a better father*, one who allows her to be a *horrible child* and *still loves her*, thus possibly disconfirming her previous expectations of rejection or punishment if she did not comply*("…I always had to be good..*")

> *So, you know… these things… I think… you know, I could be this really horrible child that tested her limits, you know, things that I never did with my Dad, I never had a rebellious period with my Dad, I always had to be good. So with her, I could be bad and she still loved me and I really liked that, you know, she still was like 'I'm waiting for you, come…'* *(Amaryllis: 436-443)*

Amaryllis' passage appears to highlight the powerful dynamics (or transferences:*"… these things…")* that may develop in the therapeutic process, and potentially reflect the therapeutic potential of such experiences for her as a client. Based on her interview it is possible to interpret that through such experiences of re-parenting in her therapy Amaryllis comes to explore the origins of some of her difficulties and find acceptance in integrating previously rejected parts of her (*horrible child vs good child)*.

Terry also describes his therapy as serving a *corrective function* for him in helping him *keep in check* his *default position of emotional distance* from others. As reflected through his passage, Terry describes his weekly meetings with his therapist as providing the space where he may negotiate and potentially re-adjust the emotional proximity he allows in his personal and professional relationships.

> *Yeah, I suppose when I am in therapy I feel more in touch with other people, it is easier to be closer to others. Because I suppose my default position is quite distant, but I think having my therapist there, every X weekday, keeps that in check. In personal relationships… and in terms of my relationships with my clients I guess...*
> *(Terry: 558-562)*

It is possible that Terry gives a concrete example ("*default position…keeps that in check")* of how his therapy *functions* in order to help him come *in touch with* more vulnerable sides of himself through being *in touch* with the other(s) ("*every X weekday").* Having said that, his

abstract and brief description ("*easier…closer to…having my therapist there…keeps that in check")of what therapy does* can also be interpreted as an attempt to deflect feelings of discomfort or uneasiness regarding his vulnerability and his emotional dependency ("…*I think having my therapist there…every X weekday…")* upon his therapy, to preserve his emotional connection with himself and others*("In personal relationships… and in terms of my relationships with my clients I guess…*").

Peter defines his personal therapy as *a place of learning* about his responsibility in relationships, suggesting that it is an experience that has challenged him ("*it was quite a shock")* and has pushed him to redefine his position in relation to himself and others ("*I made the world much as I see it").* Terry uses the word *shock* twice, potentially to emphasise the integral ways in which he felt his internal beliefs about *what happens between people* shaken through his process in therapy. Terry gives a paradoxical and humorous example that may further symbolise his internal negotiation and process of reframing his interpretations about the potentially threatening nature of his relationship with himself and the world ("*I could be wrong… you pushed me… I just tripped over it)*

> *Because it's the place I went and learned about personal responsibility and actually I made the world much as I see it and it was quite a shock, I tell you {researcher's name}, it was quite a shock to find out that I could be wrong, oh my God, you know like, you know... That I could trip over the pavement and look around for someone else to blame instead of actually, do you know what? I just tripped over it. Like, who is the nearest person I can blame 'you pushed me.'*
>
> *(Peter: 1145-1151)*

All the participants discussed experiences relating to the ways in which their processes in therapy appear to mediate or put to question their previous beliefs or assumptions regarding the nature and meaning of their vulnerabilities and the *default* ways in which they position themselves in their relationships with others.

**Negotiating power and autonomy**

This theme aims to describe participants' experiences of exploring the meanings of their felt autonomy or sense of difference in their relationship with their therapist, and with particular references to sensitive *power dynamics* that seem to underpin the negotiation of difference in the therapy room.

Overall Amaryllis described various experiences of being in therapy, having considerable experience prior to her Counselling Psychology training. Amaryllis gave many examples of finding her therapy a positive experience of relying on a comforting almost parental figure, however in the following passage she reflects her experiences of feeling anger and indignation ("*she should… putting her limits on me!")* in relation to feeling judged by her therapist ("*like what I'm doing is wrong")* for being different to her (*my limits vs her limits*).

> *I felt I… now I realise, she should have encouraged me to explore my limits rather than putting her limits on me! So she was like putting her feminist attitudes on me, like 'oh no man should say that to you' and I felt, I think I felt shamed by her, I really felt shamed by her, like what I'm doing is wrong…*
>
> *(Amaryllis: 186-190)*

Amaryllis' passage seems to reflect her strong opposition *("…she should have…rather than…")* with the imposition of external and dominant discourses *("feminist attitudes")* regarding *how she should be as a woman,* which appears to leave her feeling rejected ("*I felt shamed by her, I really felt shamed by her")*, and feeling deprived of the space to explore her own desires ("*she should have encouraged me to explore my limits").* This passage may further reflect Amaryllis' difficulty at the time ("*… now I realise…")* to protest her autonomy against a powerful other, who is positioned to know better ("*oh no man should say that to you"*) and may define what is right or wrong for her ("*what I'm doing is wrong").*

Julie also describes ways in which she experienced the idea of difference in her therapy as potentially breeding emotional distance between her and her therapist ("*some of me holding back a little bit is I..")*. Julie appears hesitant and confused ("*I.. I have felt that we are.. because we're so diff.. these are all assumptions I make about her*…") as she attempts to unfold her thoughts and feelings as to why difference may be an issue for her in therapy *("and I don't know why that impacts, and it shouldn't really …but it does")*.

> *I realise that perhaps… perhaps some of me holding back a little bit is I.. I have felt that we are… because we're so diff… like we come from very different sort of, I mean, these are all assumptions I make about her but it seems that we come from quite different worlds. Um, you know, one example is when we've talked about me getting a job and I've expressed that I'm quite happy to stay working in the NHS and actually that's something I want to do, she doesn't really get that, she talks about going… working in private clinics and, you know, and private sessions and.. I don't… so that's just one example, there's this sort of this difference of, you know, I think*

*socio… our socio-economic differences but also the way we see the world I think is a little bit… is quite different. Um and I... and I don't know why that impacts and it shouldn't really but it does.* *(Julie311-332)*

Through her example ("*when we've talked about me getting a job")*Julie potentially clarifies how she felt difference as threatening or alienating*("…we come from quite different worlds…")* in the context of her therapy. It seems that these are times when Julie finds her therapist to represent ("…*these are all assumptions I make about her…")* or assume ("…*she talks about going.. working in private clinics and, you know, and private sessions")* certain social, political, and professional positions (*NHS vs private*) in a way that may breed competition and emotional disconnection ("*she doesn't really get that, she talks about going… working in private clinics…")* between them, and may potentially leave Julie little thinking space to reflect on the underlying process. Her concluding statement seems to further communicate some of her ambivalence regarding *what impacts* her experience of difference and her potential disappointment about the things that *shouldn't but do* ("*Um and I... and I don't know why that impacts and it shouldn't really but it does.")*.

Terry reflects a more concrete and quantifiable ("*he is 10 years down the line")* way of interpreting his experience of difference in relation to his therapist. Terry seems to bring forward his trainee perspective, and conceptualises difference as *a gap to be bridged*, symbolised by the years of additional professional experience that he feels his therapist has in contrast to him ("*more to do with my level of clinical experience").* Through this passage Terry positions difference in the room in relation to knowledge and seniority, and consequently power.

*Maybe more to do with my level of clinical experience and there comes a point where the gap between me and my therapist… becomes less and less significant…. I mean there will always be a gap, he is 10 years down the line from me but in how many years' time,… these 10 years' time will not make such a difference.*

*(Terry 537-546)*

Terry reflects his therapist's status as an *ideal*, symbolising an advanced developmental stage he aims to achieve or potentially *assimilate* through *his time* in therapy, which presumably diminishes the *undesired* impact ("…becomes less and less significant…") of encountering this gap ("these 10 years' time will not make such a difference") and the implied need to be *same as or different*.

Peter takes a different angle by prioritising his perspective as a client or patient to reflect on experiences where he found his therapist's responses as irrelevant or conflicting to his personal needs and process*("Sometimes it just feels self-serving like they're there for themselves")*, and possibly threatening to his need for autonomy and difference ("*what really bugs me… "it's for your own good").* It is possible to assume that Peter describes feeling patronised and frustrated (*"it's for your own good' and it's like 'oh don't!")* through this imposition of help, and by the position of authority his therapist assumes, who knows *what is better for him* instead of encouraging his potential for independence and individuality ("*it's for your own good' well, no! 'Work with me!")*

> *Sometimes it just feels self-serving like they're there for themselves. I suppose what really bugs me as a client but also in a situation is when someone essentially is saying 'it's for your own good' and it's like 'oh don't!', you know, they'll do something or say something and tell me 'it's for your own good' well, no! Work with me!'.*
>
> *(Peter: 485-489)*

All participants made reference to experiences of feeling their sense of autonomy and difference potentially at threat of compromise through confronting aspects of their therapist's authority as someone *who knows better* or through feeling subjected to adhere to externally imposed norms or ideals.

**Modelling intimacy and boundaries**

This theme relates to participants' experiences regarding the purpose and function of boundaries in the context of therapy, and their reflections on the potential implications of boundaries for their sense of intimacy in their relationship with their therapist(s). It is noticeable that most participants negotiate these issues through reflecting on both their experience as clients and as trainee therapists, positions which may represent sometimes conflicting yet complementary perspectives.

Maria appears hesitant, cautious, ("*there is a bit of a… slight boundary…not a serious boundary cross thing…")* and reluctant *("… but like that kind of… you know that kind of like…")* to question what is described as a unique sense of intimacy ("*…there is a lot of that kind of intimacy")* with her therapist as potentially blurring the boundaries of their relationship. Maria's tentative tone can also be interpreted to express her ambivalence about *what is right or wrong* ("*I don't want to get that wrong")* in therapy based on two

different yet complementary perspectives as a client and trainee-therapist *("and I think because of that for me with my clients, I am actually always working….")*.

> *… And so in my therapy we've talked a lot about boundaries. And I almost feel like there is a bit of a… slight boundary…not a serious boundary cross thing… I don't want to get that wrong, but like that kind of… you know that kind of like… blurred boundary… I guess…. because of this fact that she'll tell me that she sees a lot of herself in me and there is a lot of that kind of intimacy…and I think because of that for me with my clients, I am actually always working towards strict boundaries and not trying to…cross… or self-disclose… or do anything like that….*
>
> *(Maria: 352-374)*

In the context of her interview Maria appears somehow confused and ambivalent about her contradictory experience, as she may both *enjoy* the special attention she receives from her therapist ("*because of this fact that she'll tell me that she sees a lot of herself in me*") however she potentially feels conflicted by the implications of this *blurred boundary* for her process as a client. This is further reflected through the way in which she differentiates herself from her therapist in emphasising her commitment to keep *strict boundaries* with her own clients ("*always working towards strict boundaries….or do anything like that")*, in order to potentially protect them from the potential threat of *uninvited intimacy* ("*and I think because of that for me with my clients… not trying to…cross… or self-disclose").*

A different point is drawn by Amaryllis who explains her earlier apparently unrealistic conviction ("*I should let them do whatever they want, no matter how it was")* of boundaries as threats to intimacy, as they *reduce the time of the session* or the *number of meetings offered* to the client. Amaryllis reflects seeing her role as an ideal, or omnipotent therapist, who waves the presumably *harsh* boundaries of the frame/setting in order to follow her own, potentially equally harsh, rules ("*I should let them… no matter how it made me feel…I should let them do…")*. Through her narrative it is possible to assume that Amaryllis comes to challenge her beliefs through her process in therapy *("I'm starting to learn…"),* which seems to restore the *good* or protective functions of boundaries to preserve the space to think ("*it's good to put that boundary…they did it for a reason")* and understand the vulnerable self ("*…I see myself….").*

> *… I used to think that with my clients I should let them do whatever they want, no matter how it made me feel, no matter how it was, I should let them do...so... and I still do that, you know, if a client says 'I'm not here, I'm going on vacation' I don't*

*count it as a session. …I see myself….or if they come late I give them the extra minute, I can really see that I do these things because I can see that it comes from that I think that relationships are like that... but actually I'm starting to learn that it's good to put that boundary, if your client missed a session, it's good to not give that session back because they did it for a reason and you should explore it.*

*(Amaryllis: 1465-1474)*

In the context of this passage it is possible to interpret the shift between first and second person pronouns by Amaryllis ("*I should let them do whatever they want…you should explore it")* as elucidating her internal dialogue between her past and present beliefs (or selves), or her negotiation between two conflicting yet intertwined positions, being both the "I" and the "you" in her narrative.

Helen describes feeling disconnected from her *robot-like* therapist, who seemingly discouraged any emotional communication between them ("…*I'm not going to show you anything of me… I'm not going to smile at you… I'm just going to be very cold…"),* justified by adhering to *very strict boundaries.* Helen seems to relate her experience of defensive boundaries acting as barriers against intimacy, and potentially expressed through the application of rigid and manualized approaches ("*I'm-in-this-robot-and I'm just going to do this thing")*, as also indicated through her interview.

*I guess when… as a client, when I saw the first therapist she was very like robot-like in a way almost so it was like {in robot-like voice} "I'm-in-this-robot-and I'm just going to do this thing and I'm not going to show you anything of me", so it's we have these very strict boundaries and I'm not going to smile at you and I'm not going to.. I'm just going to be very cold' that was my perception, anyway. So I guess I've.., you know, I've realized I don't want to be like that... (Helen: 567-576)*

Through this passage it is possible to assume that Helen seems to bring together and integrate her experience of the function of boundaries as a client and her subsequent perspective as a trainee therapist, through reflecting on *what* she does not want in her therapy and concluding this is not how she wants to be as a therapist *("I've realized I don't want to be like that...").*

It seems that participants used their personal therapy to reflect on their experiences of the reciprocal relationship between intimacy and boundaries, and further used these reflections to inform and shape the way they may relate with clients.

**Theory and experience**

This theme describes participants' reflections regarding ways in which their experiences as patients seem to have challenged, mediated, or informed their learning of psychological theories, and vice versa, in the context of their training.

Amaryllis suggests that in the context of her therapy she potentially experiences theory as both a meeting point of shared reference ("*that's quite funny…because she's Jungian psycho-analytic")* with her therapist, as well as a point of deflection ("…*don't go there, I know what you're going to say…I guess that was a defence")* against the threat of uncovering more vulnerable and less processed parts of her *("{me not} wanting to even dwell into my dreams…")*. Furthermore, Amaryllis points out that both client and therapist may use theory *defensively* to avoid relating *("I don't think her theory comes to the forefront but I think a lot of therapists I've met, they do*") however the meanings she attributes appear very different, as the therapist is presumably expected to prioritise *relating over theorizing ("that's not the therapist I want to be").*

> *I think that's quite funny as well because she's Jungian psycho-analytic and sometimes I see her, like, you know, when I talk about dreams, I'm like 'don't go there, I know what you're going to say because I know you're Jungian and I know how you're going to interpret my dreams' but I guess that was a defence against me wanting to even dwell into my dreams so now we do it actually but.. because I don't think her theory comes to the forefront but I think a lot of therapists I've met, they do and I think for me, that's not the therapist I want to be.*
>
> *(Amaryllis: 562-574)*

Natalie draws a different point discussing ways in which she felt her experiences as a client to seemingly contradict aspects of her theoretical training, and further challenged her to question the function and meaning of the skills she was learning for her practice *("summarising, para-phrasing, active listening skills…well if she doesn't do it, is it worth doing?").* As a first-time client, Natalie used her early training experiences as a template to define what therapy *should look like or what therapists should do*, however she was disappointed possibly to the point of anger ("*well that's lazy' you know….*") that her therapist kept missing the *script*, and thus potentially showing she does not care for her- as Natalie assumes she *cares* for her own clients- *("…I was putting a lot of effort into that and then…she never did that…").*

*I remember my first therapist… umm… I remember, like, that was the beginning of my training so I kind of was using all those… umm…. kind of …umm…. active listening skills and summarising, para-phrasing… umm…. at the end of the section,… you know… umm… and…, like…., I was putting a lot of effort into that and then… my first therapist, she never did that and I kind of thought 'well that's lazy' you know… umm and that was impacting my own practice because I was thinking 'well if she doesn't do it, is it worth doing?'* *(Natalie: 161-175)*

Natalie's descriptions can also be considered to reflect her process of reviewing previous expectations of therapy as a theoretically homogeneous, coherent, or predictable process (*we all do the same thing- we all need the same thing*), which seems to instigate further questions in her regarding the function(s) and the application of theory in to her own therapy and process as a patient.

Julie suggests finding therapy a necessary and containing space where she would *go* to make sense of the psychological theories she was learning, reflecting a powerful impact ("*that brings up so much for you")* of the material she is exposed to ("*when you're looking at attachment …look at psycho-dynamic therapy"),* in order to purposefully *disturb* the ways in which she would make sense of her personal history and *question* her experience of others around her ("*there was this thing in our class,…. everybody was quite….").*

*When you're learning, you know, I remember going into third year when we started to look at psycho-dynamic therapy and that brings up so much for you, you know, when you're looking at attachment and you're... I remember at that time, there was this thing in our class,…. everybody was quite…., you know, you're forced to really think about these things and it brings up so much for you, so if you don't have therapy, where do you take that?* *(Julie: 714-725)*

It is interesting to highlight the parallel in Julie's description regarding the potential experience of both her therapy and theoretical training as *forcing her* in to a process of exploring herself and her vulnerabilities from new (or clinical) perspectives.

For Helen helpful theory as a trainee therapist ("*rational"*) may not necessarily translate into *helpful therapy* for her as a client, as she reflects on her experience with CBT. This passage may potentially highlight a *theoretical dissonance* between the way Helen seems to conceptualise her work with her clients ("*I've been around that environment for a long time")*

in contrast to her experience of how she finds her own needs met in her therapy (" *I don't think it resonates with me but I think it's helpful for me…").*

> *Umm resonates... because I'm... I'm sort of saying... I always try to be more rational so CBT should resonate with me but it doesn't... it's just unhelpful because I've... I've been around that environment for a long time and it just.. isn't helpful but sort of…so this type of approach is something new to me, I don't think it resonates with me but I think it's helpful for me…* *(Helen 506-513)*

It is possible to further assume that Helen's concluding phrase of finding helpful an approach she is not familiar with *("this type of approach is something new to me")* and *that does not resonate with her,* may potentially reflect some of her own difficulty in making sense of herself *by herself ("I always try to be more rational so CBT should resonate with me")* and the way she finds benefits in being understood by an *other's* perspective *("I don't think it resonates with me but I think it's helpful for me")*.

Most participants discussed elements of the continuous and dynamic interplay between their theoretical and experiential learning, and reflected on ways in which theory and experience may both converge and diverge as they negotiate the meanings of their personal vulnerabilities and synthesise a personal theory of therapy.

## Chapter 4: Discussion

### Overview of the chapter

Previous research studies show a consistent trend between theoretical models of training and views towards personal therapy, while fewer studies investigate the experience of personal therapy by trainee Counselling Psychologists (Grimmer & Tribe, 2001a; Kumari, 2011), who train in and practice a discipline inspired by a critical pluralistic philosophy and humanistic and phenomenological core (Orlans & VanScoyoc, 2009; Rizq, 2006; Strawbridge & Woolfe, 2010). Studies adopting a qualitative and phenomenological lens can considerably deepen our understanding of how trainees engage with their experience of personal therapy and the meaning of their own vulnerabilities, as well as the struggles encountered in the process. This study set out to answer such questions and attempt a further interpretation of the motivations of trainees to attend therapy, the potential impact of the mandatory requirement, and the contextual forces potentially influencing their experiences.

This final section of the thesis entails an integration of the major findings with previous literature, thus allowing for a deeper understanding of the experiences of trainee Counselling Psychologists as clients. The relevance and implications of the findings of the study are critically evaluated in relation to the training and practice of Counselling Psychology, followed by a section on further contextual limitations of the study and suggestions for future research projects. This chapter concludes with a summary of the main points and a final point of reflection for the reader.

### Integration of findings with literature

#### In search of a narrative (defining purpose)

The findings of this study suggest that trainees may have different and often conflicting motivations to attend personal therapy, as they often struggle to make sense of their own individual internal needs in the shadow of the mandatory requirement for all to attend therapy *for training purposes*.

Participants seemed to experience a dynamic and intense exchange between the positions of “what I think” and “what others think”, which was observed throughout their stories. In the process of defining why they were in therapy, trainees in this study adopted different narratives in describing the purpose of therapy as *a training module*, as a *mental health certificate*, as normative practice (“*everyone should have therapy*”), as well as in relation to the paradox or stereotype for some of the “*Wounded Healer*”. Regardless of how the participants would chose to frame the purpose of their therapy, it seemed that they were

alert to issues of evaluation and assessment of one's personal qualities in relation to the experience of personal therapy, which was often interpreted as a process of establishing personal suitability for the profession and evidence of clinical competencies.

The effect of training therapy in promoting clinical practice and skills has been reported across studies, with some suggesting it is beneficial irrespective of approach (Daw & Joseph, 2007; Grimmer & Tribe, 2001a; Kumari, 2011; Macran & Shapiro, 1998; Rizq & Target, 2008b; Rothery, 1992). The participants in this study however showed an appreciation of the educative functions of their therapy but mainly in relation to developing their skills in psychodynamic practice. Most participants drew a distinction between the indisputable value of personal therapy to prepare them for deeper and more exploratory psychodynamic work, rather than "*just doing cbt*", as one trainee stated. The cognitive behavioral model was equated by some trainees with protocol driven, manualised therapy and therefore irrelevant to the reflective processes that are meant to inform other types of therapy, as well as their own personal therapy. Two other trainees proposed that the reflective process facilitated through personal therapy is relevant to their therapeutic work irrespective of therapeutic approach employed however they also differentiated the significant contribution of their therapy for deeper level exploration of counter-transferential processes in relation to their psychodynamic practice. It is interesting to further point out how some of these experiences claimed by trainees as clients seem to correspond with critical points consistently raised in recent years by experienced clinicians with regards to the dominance of brief and manualised therapies, especially within the NHS where most trainees tend to have their placements (Cotton, 2015; Grimmer, 2015; Mair, 2015; Pilgrim, 2009; Shedler, 2015; Watts, 2015a) .

Framing personal therapy as a compensatory *training module* also provided a *legitimate excuse* for some trainees to attend therapy, as they found it protected them from fears of criticism and stigma from their social environment. As one trainee reflected in this study "*if I'm doing a training course it legitimises it in a way…",* similar to what Gabbard(1995) has described as the need to see the self as a student rather than patient, relating to the classic mode of defence, *"I'm basically a normal person who is here to increase my capacity to help others"*(p.716). Fears of social stigma and pathology are well documented by previous research to impact both therapists attending therapy (Darongkamas, Burton, & Cushway, 1994; Dearing, Maddux, & Tangney, 2005; Gabbard, 1995; Holzman, Searight, & Hughes, 1996; Ivey & Waldeck, 2014; King, 2011; Macran & Shapiro, 1998) and lay clients (see Elliott & Williams, 2006; Taylor & Loewenthal, 2001). On a further note, the proclamation *"everyone should have therapy*" can also be understood as a narrative that is employed to deflect personal implications of the choice to be in therapy, expressing the tension between

the positions "*I don't need therapy/everybody needs therapy*" previously noted in the literature (Grimmer & Tribe, 2001; Moller, Timms, & Alilovic, 2009; Rizq & Target, 2008)

As mentioned previously, the requirement to attend therapy was interpreted by many as bearing assumptions about the past history of the trainee, and sometimes perceived as entailing assessment or evaluation of one's personal qualities, further relating to issues of safety and ethical practice ("*wounded healer"* and *"therapy as mental health certificate*"). Some participants brought up the wounded healer metaphor *as a fact* ("*in general counselling courses attract a certain type…you know*", as Maria insinuated) to argue why trainees would need therapy. Several other trainees seemed to hold the belief that personal therapy serves a protective function, ensuring one's vulnerabilities are not harmful to the clients, like *an infected wound*. Considering the need for therapy and the choice to train as a therapist, Wheeler (2002), amongst others, has strongly emphasised that "*it is not the fact that people have had emotional traumas in their lives but the ways in which they have dealt with them that is important*", further pointing out that "*Counsellor training is part of the therapy, but not a substitute for it"* (p.435).

Themes relating to the assumption of "troubled pasts" were evidenced in this study, which seem to be common amongst therapists in general (Barnett, 2007; Casement, 2002; Dicaccavo, 2002; Martin, 2011). For example, in her book on the personal experiences of psychotherapists Adams (2014) reports that all forty therapists she interviewed traced their choice to train as therapists to a past "*wounding and meaningful aspect*" of their personal life story. Furthermore, in his exploration of the unconscious motivations to become a therapist, Sussman ( 2007) proposes that *"There is considerable evidence to suggest that those who seek to become therapists themselves have gone through periods of psychological disorganization themselves and this might contribute not only to the desire but also to the ability to cure others"* (1992, p. 30). In addition to this, Burton, as quoted in Sussman (2007), has also supported that "*The lives of therapists from Freud, Jung and Sullivan onward convince me that most therapists experience themselves as closer to the shoals of psychosis than other people do"* (1972, p. 20).

Having said that, it is interesting that some participants of this study reflected on the wounded healer stereotype not only in relation to "*the shared feelings of humanness*" between therapist and patient (see, for example, Martin, 2011), but also with an underlying anxiety or anticipation of being evaluated as "*wounded*" or "*healed*", and therefore suitable for the role of therapist. It is possible to infer that trainees refer to "unspoken" criteria for the selection of candidates based on "*a search for the patient in the helper*" (Coltart, 1993; Mander, 2004; Wheeler, 2002), a criterion which seems to be adopted in the selection of

clinical and counselling psychology trainees (Ivey & Partington, 2014). For example, in this study Natalie interpreted her lack of *personal wounds* and experience of personal therapy as an indication of her initial rejection from a training program: "…*will I ever get on the course, like, does it mean that I should have had therapy, does it mean I should have had like major issues to…resolve*". Further to this, trainees who had been in long term therapy prior to their training made a clear inference to the usefulness and necessity of such considerable experience of personal therapy to prepare them as suitable for training in a therapeutic role.

The sample seemed *split* between those convinced that all healers are wounded, (similar to Dicaccavo, 2002; Schonau, 2012) and the trainees who refused to be seen as troubled from their pasts, similar to the therapists who participated in Von Haenisch's (2011) study. This split may be understood as indicative of the ambivalence that all trainees in this study seemed to experience in relation to the role of vulnerability and one's personal struggles within the context of one's professional development and new role as a trainee-therapist. Trainees in this study seemed highly sensitive to the possibility of their personal issues affecting their work with clients, while it is possible to assume that more experienced therapists feel more confident to discuss the meaning of their personal struggles (Rizq & Target, 2008a, 2008b). Trainees may find this threatening, being at an early stage of their career.

Most trainees in this study acknowledged the reciprocity and interdependence of aspects of self-care and their duty to care for others; as one trainee reflected, "*how I started self-caring was for my clients, it wasn't for me*", which resonates with what Orlans (1993) had previously described as "*only when I can take care of me can I care of others*" (p.62). Adams' (2014) interviews with experienced psychotherapists highlight how this relationship between self-care and care for others can be read in more than one ways: therapists in her study who admitted suffering with depression while working with clients often under considerable stress, acknowledged that therapeutic work may well be used as a "buffer" against one's own emotional difficulties.

Trainees with longer term experience of personal therapy seemed more confident to discuss the use of their personal therapy during training to work through personal issues that troubled them, and often used the assumption of "troubled pasts" to justify why mandatory personal therapy *should* sometimes be used as a form of vetting or "honing" of suitable participants ("*therapy as mental health certificate*"); in support of this some participants commented that they often came across colleagues who were "*absolutely cuckoo*" and "*shouldn't be practicing*". This came in contrast to findings from previous studies where practitioners rejected any kind of personal evaluation on the basis of the outcome of

personal therapy (Rizq & Target, 2008). Previous studies have explored the potentially negative impact of such evaluative assumptions of personal therapy for trainees' capacity to engage with the process on a deeper level( Rizq & Target, 2008, 2010), however unexpectedly this study showed that some trainees with considerable experience as clients see such evaluation as necessary to ensure safety of clients. This finding appears to support Adams' (2014) observations that psychotherapists may be less tolerant of their own suffering or that of their colleagues, when considering issues of safety to clients. This researcher further pointed out that psychotherapists appear cautious and reluctant to share their own struggles in therapy possibly because "*we have little faith that our human frailties will be valued rather than judged as proof that we should not be working*" (p.7).

It is possible that the above themes are further telling of contextual influences, for example reflecting the focus on "mental hygiene" and the rise of the audit culture in mental health settings where many trainees have their placements ( Rizq, 2013, 2014). Dearing et al. (2005) have also emphasised trainees' preoccupation with an ethical responsibility to self-care in order to prevent harming clients, nonetheless the majority of the published literature is generated within the psychodynamic community of practitioners and suggests that long term engagement with therapy does not guarantee prevention of serious ethical violations (Celenza & Gabbard, 2003). Further data on the mental health problems of therapists tends to focus on work-related stressors and ways to tackle job induced burnout (for example Shapiro, Brown, & Biegel, 2007) rather than the other way around. Documented accounts and stories of psychological suffering for psychologists and psychotherapists are limited (Adams, 2014; Larsson, 2012) , however personal struggles and potential *character pathology* of therapists are evident in the wider literature and biographies of gurus , despite the need of some practitioners to perpetuate "*the myth of the untroubled therapist*", as Adams (2014) critically summarises.

**Being a trainee, being a client**

This theme highlights how participants came to experience their different roles as trainees, clients and therapists, with a further focus on the ways in which these roles were felt to be both complementary and contradictory. This theme brings forward the question of how trainees' experience of personal therapy may be the same as or different to the experiences of lay clients, which will be revisited throughout this section.

Most trainees in this study recognised how the lack of choice over factors affecting one's therapy (such as timing or focus of therapy) may perpetuate an inauthentic engagement. In a way, the training requirement to attend therapy was seen as *the thing* that brought some

trainees to therapy however it was also experienced as *something* that may keep them detached from the process. Previous studies have offered various interpretations as to how trainees experience the mandatory requirement to attend personal therapy, with many suggesting that it does not restrict the possible outcomes of one's experience of therapy (Macran & Shapiro, 1998; Norcross, Strausser-Kirtland, & Missar, 1988; Rothery, 1992). Grimmer and Tribe (2001) for example have previously suggested that this external imposition bears some difficulties for the trainees only at the early stages, but it later subsides and allows space for more personal work to take place. The findings of this study seem more consistent with the conclusions of Ivey and Waldeck (2014), who described their participants going through a shared process whereby trainees gradually establish a "*permeable boundary*" between their training and their therapy, enabling them to separate the two and reframe their engagement with therapy as serving a personal process. It is telling that some trainees reflected upon developing a deeper engagement with their therapy once they were able to think beyond or sometimes defy the external requirements and rather focus on *" what they feel they want to get out of their therapy"* as one trainee proposed. For example, one trainee decided to work with a psychotherapist instead of a qualified psychologist as recommended by her program, while another participant decided to engage further with psychoanalytic therapy, framing the mandatory requirement as a "*tick box exercise*".

By "*questioning the potential of training therapy"* trainees in this study reflected their ambivalence over the mandate to be vulnerable (as clients) while potentially being evaluated as professionals. One participant highlighted the paradox of being an "*ethical client*", while most participants commented on the relevance of personal therapy to make such value judgements. As one trainee said *"…if I was any other client it wouldn't have been an issue*", while later on she briefly entertained the fantasy of going to therapy *incognito*, indicating potentially how the "*sick role*" often assigned to patients (Parsons, 1951) is not compatible with being a therapist. This further reflects what Larsson (2012) described as an unfortunate and "*clear divide between "us" the psychologists, and "them" the clients*" (p.552). Difficulties relating to "the struggle with patienthood" are documented in psychodynamic literature (Fleischer & Wissler, 1985; Gabbard, 1995), discussing the fantasy of personal therapy bringing to the fore ones' "madness" and deepest vulnerabilities, given that this is what it is assumed to be a patient. McLeod and McLeod (2014) also discuss the tension in personal therapy of counsellors arising between the contrasting assumptions of being a responsible trainee and therefore "mentally well" and being a *patient*, and thus potentially suffering and in need of treatment. In the present study this was particularly highlighted in the interviews of trainees who engaged with therapy for the first time, seemingly motivated by the

requirements of their training. These trainees appeared more likely to approach their personal therapy and their role as a therapist in training as separate. In this context it is possible to interpret this *split* as an attempt to manage feelings of shame regarding one's vulnerabilities in a professional context, potentially bearing the assumption that what they introduce may not be tolerated. Similar observations were made by Moller et al. (2009) and Ivey and Waldeck (2014), who further proposed that such experiences may significantly compromise the immediacy of the therapeutic encounter.

In their attempt to negotiate some of these tensions, some trainees described experiences of "pretend therapy" or times they felt they were becoming "complacent" in their therapy. These participants interpreted such experiences in relation to the quality of their relationship with their therapist, rather than therapy in general, similar to previous studies (Davies, 2009; Grimmer & Tribe, 2001b). For example, one trainee described preparing her material ahead of time for sessions with a therapist who *did not respond to her*, potentially feeling she needs to perform a role rather than *be a patient.* Two other participants described a tendency to avoid more intimate engagement with their therapy as a response to a sense of mistrust towards their therapist at the time, or a felt lack of control over the process of their therapy. Rizq and Target (2008a) also looked into experiences of "*pretend therapy*" as reflected in the accounts of experienced Counselling Psychologists; these authors interpreted "*pretend therapy"* as a way to distance oneself from the emotional intensity of a conflicting encounter that may be hard to bear. These researchers suggested that, depending upon underlying individual differences in attachment status and reflective functioning trainees would negotiate such conflicts to a differing extent, with some managing better than others to use their training therapy in constructive and beneficial ways. This interpretation may apply to the findings of this study however any transference of the conclusions should be made with caution given that the present study did not obtain any direct data on participants' attachment patterns.

Furthermore, drawing from literature on therapy with involuntary clients in general, it is possible to argue that *pretend therapy* can be understood as a legitimate and anticipated form of resistance for some trainees who attempt to establish what is safe for them in therapy (Ackerman, Colapinto, Scharf, Weinshel, & Winawer, 1991). Adams (2014)also discussed her scepticism towards the purpose of training therapy that does not involve an intense emotional engagement or "*walking through fire*" (p.75) and put forth the argument made by Mann (as cited in Adams, 2014, p.75) that "*real* therapy *only begins with therapists once their training is completed and attendance is by choice rather than sufferance*".

Having said that, it seems that trainees with a deeper investment in their personal therapy and those with longer experience as clients were more able to reflect on the meaning of their own vulnerabilities and personal struggles and highlight ways in which they see themselves affected by the same forces as any other patient (relevant issues are further explored in the theme on *Learning from therapy)*. It is possible that past experiences of disturbance in childhood and within one's family of origin make these trainees more accepting of the relational nature of human suffering, as both Amaryllis and Peter reflected in this study, as well as more willing to acknowledge their need for external support. In keeping with Adams (2014) observations regarding qualified therapists, these trainees come to experience personal therapy as a normative part of their life.

According to Watts (2015b), Counselling Psychology courses have not engaged as much with the survivor movement as other state-funded trainings, nonetheless it is possible to ascertain that all Counselling Psychologists can count themselves as service users given their experience of personal therapy. Nevertheless, Watts (2015b) also points out the marked differences between privately funded psychotherapy and being seen at the far end of often involuntary psychiatric treatments. In this study, two trainees with considerable experience as clients drew from their own experiences of being at the receiving end of "medicalised" psychotherapy services and discussed feeling pathologised and blamed by the use of diagnostic labels and the assumption that someone else "knows" what is best for them. These trainees seemed particularly motivated to use their current role as clients and therapists to "*challenge the discourse of pathology*" and question the underlying power imbalances they see embedded in the language used for clients, and for them as clients. Several trainees also reported that their experience of personal therapy generally helped them reflect on the complexity of the human experience and challenge pre-conceived ideas of normality for themselves and their clients ("*there are no such things as simple* [issues]!").

The findings indicate a valuable contribution of personal therapy in fostering a deeper sense of self-awareness and empathy with one's clients (Macran & Shapiro, 1998; Murphy, 2005; Wigg, Cushway, & Neal, 2011), while it also seems to cultivate a critical understanding of the therapists' role in shaping or determining the nature of one's suffering and the *need* for therapy. The above findings also seem to point out relevance with critical views on counselling and psychotherapy practice and training (Strong et al., 2015; Watts, 2015b), contesting the increasing medicalisation of human experience (Davies, 2012; Parker, 2015), and the over-representation of protocol-driven therapies that resemble drug trials, thus reducing personal meaning (Cotton, 2015; Mair, 2015; Shedler, 2015; Middleton, 2015; Larsson, Brooks, & Loewenthal, 2012; Milton, 2012; Pilgrim, 2009). It can be argued that at

least some trainees may experience considerable contradictions between the type of therapy offered to clients and the type of therapy they are themselves receiving and training in.

Further to this, Rizq (2006) has argued that the identification of Counselling Psychology with critical pluralism may pose considerable strain on new trainees who may struggle to reconcile different approaches, each with conflicting assumptions regarding the roles of client and therapist, while the discipline's contextualist and constructivist influences are understood to further challenge the status of the therapist, and subsequently the trainer or supervisor. According to Rizq's psychodynamic interpretation of the dilemmas of Counselling Psychology training, trainees do not get to enjoy the certainty and confidence bred through identification with a single theory; through the commitment to pluralism, trainees are required from the very beginning to adopt an external third position in evaluating their practice, and give up certainty for critical self-reflection and self-awareness. Based on this view, it follows that, whichever model is applied, the trainee always experiences the choice of a specific approach with the tension of the knowledge and awareness of a sometimes radically different alternative.

The observed tension experienced through the potential lack of coherence between training, personal therapy, and supervised practice is also highlighted through participants' reflections on the differences between their therapy and clinical supervision. For example, one trainee drew graphic comparisons ("*you could be a monkey sitting in the room*") to describe a seemingly empty function of her placement supervision which "*ignores the practitioner*" and only opts to "tick boxes" ensuring that services runs smoothly, leaving little space for reflection over one's practice. One participant pointed out, that having good supervision, she never felt the need to discuss clients in her therapy, while another trainee confided that she sometimes used her therapy to prepare for her supervision, testing out what is safe to be shared in a professional context. For those trainees with similar experiences, their personal therapy seems to provide a reassuring and unique space to think of ones' practice more holistically, and bring together personal and professional reflections. It is possible these findings also help to explain some of the confusion that trainees experience when clinical supervision unsuccessfully overlaps with line management, a common ethical issue highlighted by Morrissey (2015). These findings would also be in contrast to arguments that the functions of personal therapy could be substituted by supervision (Altucher, 1967; Atkinson, 2006), while, similar to findings from previous studies, supervision and personal therapy were perceived to serve different yet complementary functions (Grimmer & Tribe, 2001; Macran, Stiles, & Smith, 1999). The findings of this study suggest that personal therapy was identified as essential for developing reflective practice skills as a therapist, compensating for the limitations of placement supervision when necessary.

Having said that, most trainees appeared highly sensitive to instances when their therapist's would *"switch*" from being a therapist into being a colleague, tutor or supervisor. King (2011)has also highlighted the "pull to act as supervisor" as a common dilemma often encountered by training therapists. In contrast to what other studies suggest about the therapist resisting this "pull" and refocusing the work back into the room (for example Ivey & Waldeck( 2014), some trainees in this study commented on the willingness of their therapist to act as supervisors, and engage in or even initiate an intellectual, academic, or "friendly" discussion during the session. This behaviour was greeted with varying sentiments; some interpreted those moments as a transgression on behalf of the therapist, who is invading in this way the trainee's personal process and therapeutic time. Others seemed more ambivalent as to whether this "invasion" of "supervision" into their therapy was a *mistake*, given the presumed educative purpose of their therapy and the shared professional status with ones' therapist. These findings are consistent with earlier suggestions made by Fleischer and Wissler (1985) regarding the special considerations in the treatment of trainees; confusion and potential frustration with boundaries are common in training therapy, given its dual role to serve as an educative and a therapeutic experience and the fact that often both patient and therapist are members of the same professional community. The findings of this study seem to support Fleischer and Wissler's (1985) observations that both therapists and trainees appear susceptible to role transgressions, intense identifications, and sometimes resistance to the actual work. Drawing from earlier psychoanalytic literature, Davidson (1975) has highlighted the importance of acknowledging the multiple roles of the therapist and the client in training therapy (supervisory, tutorial, collegial) and suggested that a significant goal when treating trainees is to allow the patient to become one's equal.

**Learning from therapy**

The findings of the present study suggest that personal therapy offers a significant opportunity for trainees to reflect on their internal experiences during the formative period of their training (Davies, 2008; Rizq, 2010; 2009; 2006), and experiment with different ways of understanding and managing vulnerability. Such experiences were seen as both personally valuable to the trainees and enriching to their professional development as therapists, consistent with findings by previous studies (Adams, 2014; Bellows, 2007; Martin, 2011; Rizq & Target, 2008, 2010a, 2010b;Daw & Joseph, 2007; Rake & Paley, 2009). Some of the identified central functions of personal therapy are reflected in the interview themes relating to *"modelling intimacy and boundaries,", "negotiating power and autonomy",* integrating "*theory and experience"* and meeting *"the vulnerable self*".

Trainees interviewed in this study described their personal therapy as a space for intense emotional experiences of the self (*the self as a vulnerable client* ) that seem to facilitate a critical self-awareness and an empathic acceptance of one's human fallibilities, allowing for deeper emotional connection with others. Bellows (2007) identified the "*acceptance of the imperfectible self*" as an important function of training therapy, a theme that was highlighted in this study through some trainees' descriptions of personal therapy as a redemptive experience, allowing them to reveal and work through their "dark" side and aspects of themselves that they previously rejected. The importance of such experiences has been emphasised in previous studies (Adams, 2014; Rizq & Target, 2010), and consistently most trainees described finding comfort in acknowledging the nature of their vulnerabilities as *bearable* (Coltart, 1993; Gabbard, 1995; Jordan, 2008). Participants' accounts further suggest that the experience of such poignant moments in their therapy provided useful material for subsequent reflections upon their own client work. In other words, seeing the self as a vulnerable client seems to facilitate trainee's capacity to relate to the struggle of their own clients and encourage further reflection on appropriate ways to approach such moments in their own practice.

As noted in relevant literature with trainees and lay clients (Clarkson, 1996; Goldfried & Davila, 2005; Larsson et al., 2012; Larsson & Sugg, 2013; McCormick, 2010; Rizq & Target, 2010), the relationship with the therapist emerged as a highly significant factor influencing the experience of personal therapy. Some trainees described the intensity of experiencing their therapist as an alternative parental figure who either encourages or disconfirms past familiar anxieties. One participant also emphasised the reparative experience of feeling loved and cared for by her therapist, while being allowed to be *bad*(Frederickson, 1990; Rogers, 1967). Most participants commented on ways in which processing their material in therapy had a positive influence in their close relationships with partners, children, and their family of origin. In keeping with previous research findings (Grimmer & Tribe, 2001a; Rake & Paley, 2009; Rizq & Target, 2010a; 2010b) trainees' reflections on such experiences seem to provide an opportunity for deeper understanding of unconscious processes that may influence their work with clients.

In general trainees seemed to focus a lot of their attention around *the person* of the therapist, and would often use their therapist's way of being with them in the session to reflect upon and compare with their understanding of *their own personhood* as therapists. Whether they spoke about a *good or bad* experience of therapy, trainees would consistently discuss how such experience informed subsequent work with clients, either by providing the helpful conditions that one experienced in therapy (similar to Macran et al., 1999) or by compensating for what they felt *they did not get* as clients. It seems that trainees go through

a process of internalisation and disidentification with their therapist (*this is how I am/not*), as they attempt to construct a coherent view of themselves as therapists. This finding may also highlight the function of personal therapy to provide trainees with influential real-life experiences that can inform and shape their practice and reflective skills (Macran et al., 1999; Rake & Paley, 2009; Rizq & Target, 2008a; Skovholt & Ronnestad, 1996; Von Haenisch, 2011; Waldeck, 2011).

Examples of *bad therapists* included descriptions of emotionally detached, provocative and judgmental therapists, some also experienced as uninvested in their work with the trainee, potentially considering it "*a kind of easy job to do*", as one trainee stated. Negative experiences reported were attributed to the therapist rather than the experience of therapy itself (as also observed by Davies, 2009; Grimmer & Tribe, 2001), while in contrast to research with experienced practitioners (for example Rake & Paley, 2009) most trainees in this study avoided describing their experiences of therapy as disturbing to their functioning in a significant way. As mentioned previously, the two trainees with considerable experience as clients were more willing to disclose times when they found therapy particularly unhelpful or potentially damaging to them. It is possible that these participants had more chances to encounter examples of poor practice during their many years of engaging with therapy, however it is also likely that these trainees felt more able to reveal such problematic experiences and reflect on the impact of these experiences for them, being more comfortable with their role as clients and seemingly less worried about how unsuccessful experiences of therapy may reflect on them.

Having said that, it appears that trainees are highly attentive and sensitive to the subtle ways in which their therapist responds to them and balances their need for intimacy and need for boundaries in the session. For example, one participant described her relationship with her therapist as almost symbiotic, thus potentially discouraging the exploration of certain difficulties between them, potentially avoiding the tension: "*she often says that… she kind of sees a lot of herself in me, so there is this kind of yeah, this close relationship I think*." Unwanted or inappropriate intimacy was described as confusing and counterproductive by two other participants, who also attributed such instances to their status as trainees. As Julie reflected in this study, "*If I were any other client she wouldn't be talking to me like that*", summarising the views of several trainees relating to their differential treatment as trainee-clients.

These findings seem to point out the need for robust interpersonal skills on behalf of the training therapists, and the importance of good understanding of the dynamics of boundaries in the therapeutic relationship when the client is a trainee (Fleischer & Wissler, 1985;

Gabbard, 1995; Ivey, 2014a). It may be worth noting that those trainees who gradually found the courage to address issues of boundaries with their therapist reflected a sense of relief and validation which further encouraged them to commit to their therapy. Such experiences were also described as valuable to ones' practice as they encouraged trainees to be more open to explore difficulties in their relationship with their own clients, feeling more confident that conflicts could be talked about and resolved.

In many ways the therapeutic relationship appeared to function as a template for the trainees to reflect on ways of managing intimacy both in their personal lives and in their relationships with clients. Another trainee reflected on the *reparative function of boundaries* (Borys, 1994) as experienced in her therapy and how this helped her appreciate the potential of therapeutic boundaries to preserve a thinking space, rather than to offer gratification of what is overtly expressed (Gabbard, 1995; Geist, 2008; Lindon, 1994). Several other trainees discussed ways in which intimacy and boundaries are experienced as interdependent, each containing and shaping the possibility of the other. Skovholt and Rønnestad,( 2003) have discussed at length the challenging task for the trainee to regulate and express their emotions when working with clients. Wheeler (2002) proposed that *learning to create, endure, and end positive attachments with patients over and over again takes time* and as Skovholt (2005) states, it involves the paradoxical skill of learning how to be emotionally engaged but not enmeshed, "*united but separate*"(p.85). The findings of this study suggest that personal therapy offers trainees significant learning experiences of *how intimacy and boundaries* may feel in therapy, experiences which they then use to shape how they manage the intimate needs of their clients. It seems that trainees do not want to simply imitate their therapist rather they aim to use their experiences to inform their own development as practitioners. It is also probable that given their specialist knowledge at this level of their training, participants are particularly perceptive and critical of the ways in which their therapist approaches them. King, (2011) also reports that therapists who treat trainees encounter multiple dilemmas relating to issues of boundaries and the client's motivation to attend, while according to her study, therapists seem to experience trainees as "*more challenging and critical than the lay clients*" (p.191).

Several trainees in this study pointed out the valuable impact of personal therapy in relation to their understanding of psychological theories and material that emerged through participation in academic seminars. Similar to Davies' (2008, 2009) observations, trainees relate their own material, as well as experiences claimed by one's patients, to the ideas taught and discussed in the academic lectures, while this author stresses that most of the learning that takes place in psychotherapy training can be classified as "*personal*", given that it mainly occurs in the context of relationships. It seems that theories are often understood

as different languages used to narrate one's story, and personal therapy offers a potential translation of theory into practice which nonetheless proves very different from reading a book. Skovholt and Rønnestad (2003) discuss the challenge of novice therapists, as they encounter the task of therapy, to establish a good working relationship with clients. These authors argued that academic skills may have little to do with clinical mastery and a holistic appreciation of the complexity of practice; such aspects of the training are addressed experientially, through personal therapy.

Trainees discussed comparing, contrasting, rejecting and integrating previous theoretical knowledge through their experience of being in therapy. Similar to conclusions drawn by Ivey and Waldeck (2014), *theory comes alive in therapy* and acquires a more proportionate role in relation to one's understanding of the human predicament. The findings of this study suggest that personal therapy enhances a *reflexive process* (Stedmon & Dallos, 2009; Wigg et al., 2011) of interrogating theoretical concepts in light of one's experience as a client. Therapy is not an enactment of theoretical principles, or a manually-driven activity, and the interplay between therapy and theory gives trainees the space to question why we do what we do, and how we choose to do it. This was especially highlighted in relation to the psychodynamic and humanistic models taught, and in such cases personal therapy was interpreted by some trainees to serve a supportive function, containing intense emotional states often provoked through reflecting on the subjects addressed in seminars. This finding appears consistent with previous studies reflecting the transformative impact of the *seminar encounter*(Davies, 2009) , as well as the reciprocal and dynamic interaction of theory and therapy (Ivey & Waldeck, 2014; Von Haenisch, 2011; Moller et al., 2009; Rizq, 2009), to shape one's personal narrative and further expand a conceptual understanding.

The above findings suggest that trainees seem to appreciate their experience of therapy as personally meaningful and professionally enriching, fulfilling multiple functions to heal and educate, or opportunities "*for unlearning and relearning*", as one trainee proposed. Like any other client group, trainees seem vulnerable to the inherent difficulties and frustrations of the therapeutic relationship however their role as trainee therapists seems to considerably differentiate their experiences of their therapists and of themselves as clients in therapy. Further considerations with regard to implications for the training and practice of Counselling Psychology are discussed in the following section.

**Relevance and implications for Counselling Psychology training and practice**

The exploratory and idiographic approach of this study, focusing on the experience of trainees as a distinct client group, illuminated aspects of the participants' process of negotiating the meaning of their experiences of personal therapy, in the context of their

personal history and current professional training. Both the intersubjective methodology adopted as well as the interrogation of the present findings within the wider literature have been closely aligned with the humanistic and phenomenological scope of Counselling Psychology (Hansen, 2004; Macran, Stiles, & Smith, 1999; Smith, 2011; van Deurzen-Smith, 1990).

An important point emerging from the findings of this study relates to the issue of purpose and choice of personal therapy during Counselling Psychology training. Participants in this study argued unanimously in favour of the mandatory requirement as *the only way* to guarantee that trainees would attend personal therapy during their training, a rather paradoxical argument to be used to convince someone to invest in the process. As mentioned in the previous section, this position can be understood to reflect the struggle that several trainees described in relation to feelings of stigma and underlying fears of evaluation, and also in relation to the perceived lack of control over important aspects of their therapy, such as timing or practitioner's discipline. Having said that, trainees do not necessarily come to therapy with a clear idea of what they want or what they may need from their therapy, and most participants made clear references to various ways in which the training course acted as a catalyst for them to engage with therapy more systematically. These findings may suggest that the uniformity of the recommendations on training therapy and the prescriptions of the anticipated outcomes it aims to produce (BPS, 2014) come to generate a dynamic process for the trainees, which may have a significant impact on their experiences as clients.

As training therapy is assigned to fulfill many tasks, trainees may struggle to differentiate their own needs and desires under the shadow of the external demands introduced by the training institutions and accrediting bodies (for example considering the recommendation to have only one therapist, accredited by HCPC). It is important to note that most participants described engaging on a deeper level with their therapy through managing to renegotiate or sometimes seemingly defy these external demands or notions of evaluation, prioritising the pursuit of their individual internal needs as clients. Reflecting on these findings, the clinical value of these external impositions for the trainee-clients seems questionable. It could be argued that keeping any guidelines and recommendations to a minimum could allow the trainees to assume responsibility over their choice to engage in personal therapy and the timing of this engagement.

Further to this, an honest approach from a position of "*we"* rather than "*us and them*" on behalf of the tutors and supervisors when relating to clinical material, as well as their own experiences of personal therapy, could help alleviate recurring anxieties about what is expected from the trainee client, and give a more realistic insight of what happens in

therapy, dissolving utopian expectations of absolute cures (Werbart, 2007). Adams (2014) further emphasises "*we need to stress that it is not if we encounter difficulties in our work and in life, but rather when we encounter them*" (p.140). Dearing et al. (2005) concluded that the attitudes and dispositions of faculty, supervisors and mentors are highly influential in predicting the help-seeking behaviour and attitudes of trainees, while the reliance on tutors and mentors to offer reassurance, guidance, and validation has been highlighted by previous studies (Davies, 2009; Gil-Rodriguez & Butcher, 2012; Rizq, 2009a; Skovholt & Rønnestad, 2003).

Rizq, (2009), drawing from psychoanalytic theories, has offered a comprehensive framework to elucidate the central role of psychotherapeutic teachers for the development of trainees as practitioners. By proposing a developmental approach, Rizq, (2009) argues that relational models of practice such as the phenomenological and humanistic approach of Counselling Psychology are compatible with "a *more intersubjective, democratic* stance, where *the individual subjectivities and unconscious contribution of both trainee and tutor can be considered as part and parcel of the teaching process"* (p. 377). Combining these notions with the evidence of the present study, it can be argued that personal development is a process encompassing most components of the training (including clinical lectures and supervision), and should not be seen as limited to the experiences of personal therapy. To that end it may be advisable for tutors and supervisors to remain alert to and mindful of the "*highly charged projections and transferences"* (p.364) they are subjected to by the trainees (Rizq, 2009). Preserving an attitude of sensitivity towards the valuable functions of the regressive processes that seem to take place during training can encourage a constructive exploration of the conflicts that emerge and further facilitate the trainee's process of self-transformation and construction of *a mature professional identity* (Gil-Rodriguez & Butcher, 2012; Rizq, 2009).

Further to this and following up on points already made, it is important to consider the findings of this study in relation to the wider sociopolitical changes currently influencing the provision of mental health services (Cotton, 2015; Guy, Loewenthal, Thomas, & Stephenson, 2012; Layard, 2005; Mair, 2015; Middleton, 2015) and subsequently the structure and position adopted by the associated clinical trainings (Parker, 2002; Strong et al., 2015), including Counselling Psychology trainings. Some themes obtained in this study could indicate that the meaning of one's vulnerabilities during Counselling Psychology training comes into question when placed in the context of the "diagnose and treat" (Middleton, 2015; Strong et al., 2015) paradigm and a "marketed care approach" (Mair, 2015), which has come to dominate many public mental health services (Cotton, 2015) where trainees hold their clinical placements. Reflecting on the abovementioned findings, it is possible to infer that

trainees may experience the requirement to attend personal therapy and follow the prescriptions of how their therapy should be like as entailing a double bind: trainees are invited to be vulnerable and learn from their weaknesses as clients (Coltart, 1993; Martin, 2011) whilst training in a formalized professional academic setting, where considerable emphasis is placed on perfecting the professional self and proving one's personal competencies (British Psychological Society (BPS), 2014; *The NHS Knowledge and Skills Framework (KSF) and clinical psychology training*, 2006).

The above observations may also highlight the need for a further consideration of the current implications of the epistemological positions claimed by Counselling Psychology, such as the scientist-practitioner paradigm (Corrie & Callahan, 2000; Corrie & Lane, 2011) and the reflective practitioner approach (Schon, 1987), which inform the training curriculum and practices. As discussed in the introductory chapter, the discipline of Counselling Psychology developed as an alternative approach to the applied scientific psychologies (Bury & Strauss, 2006; van Deurzen-Smith, 1990) aiming to provide a bridge with the humanistic and phenomenological scope of the psychotherapeutic and counselling professions. Nevertheless, the conflicts discussed by the participants in this study in relation to the meaning of their experiences of personal therapy may indicate a more general ambivalence within the Counselling Psychology discipline, in relation to its definition of what is science (Corrie, 2010) and subsequently what defines Counselling Psychology as an applied clinical practice. Despite the discipline's proclaimed allegiance to alternative phenomenological epistemologies (Rizq, 2006) and a practice-led inquiry (Henton, 2012), reflections derived from the findings of this study seem to suggest a different story. Counselling Psychology has established itself amongst the other applied scientific psychologies but it is possible that it has yet to fulfil its potential to *radically reshape the concept of science* (p.117, Bury & Strauss, 2006) to incorporate the value of subjectivity and contextualised personal knowledge in clinical training and practice.

Furthermore, given the discipline's emphasis on pluralism and integration (Rizq, 2006; Corrie & Lane, 2011), it may be interesting to consider the importance of a distinction between the positions of the scientist and the practitioner-therapist, in an attempt to acknowledge the possible inconsistencies between the two, and the significant meaning of such gaps.

Another recommendation stemming from the observations of this study would be a further endorsement of the provision of a variety of placement settings (NHS, third sector, community projects, service-user movements) where trainee Counselling Psychologists can accumulate clinical experience. This may give alternative opportunities for trainees to

become exposed to and reflect on the ways in which different approaches and clinical settings position the client and the therapist within the therapeutic encounter.

As a final remark, the findings of this study point out that personal therapy is a highly varied experience which nonetheless seems to have great potential to be personally and professionally rewarding for the trainee-practitioner, initiating an introspective process and cultivating a critical self-awareness that is both an irreplaceable and inseparable aspect of Counselling Psychology training. Nevertheless it seems that personal therapy comes to acquire this status for many trainees despite the external requirements to attend and not because of them.

**Evaluation and suggestions for future studies**

The IPA methodology adopted for the purpose of this study and the phenomenological and contextual epistemology adopted have contributed to a richer and more vivid representation of the subjective experiences of personal therapy and the meanings associated with being a trainee-client-practitioner. The present study adds to the relatively limited literature on the experiences of trainee Counselling Psychologists as a distinct client group, and with special consideration to the wider social, political, and cultural forces that shape their experience of personal therapy in the context of their professional training. The findings of this study reflect the process of trainees in establishing their individual perspective as practitioners in relation to the nature of therapy, the meaning of vulnerability, and the potential impact of their own personhood in relation to their developing professional identity. The participants' descriptions highlight the complex dynamics involved in the experience of receiving mandatory personal therapy and further reveal the transformative process of psychotherapeutic training (Davies, 2009) to construct personal knowledge through bearing one's weaknesses and containing deep anxieties (Coltart, 1993).

The current study also builds on valuable points raised by Rizq (2006) relating to ways in which the pluralistic and phenomenological philosophical foundations of Counselling Psychology may influence the trainee's feelings of confusion or dissonance regarding the purpose of their personal therapy in the context of competency-based professional academic training. The divergence of assumptions observed in participants' narratives relating to the purpose of therapy and subsequently the role of the client and the therapist seem to parallel the process of negotiating and integrating alternative epistemologies and diverse therapeutic approaches, which is central to the critical scope of Counselling Psychology training (Rizq, 2006, 2007). The impact of the quality of the therapeutic relationship to facilitate the meaningful negotiation of such processes was highlighted, as well as the potential for

substantial contribution from other components of the training to acknowledge the functionality of the therapist's personhood and human frailties as inseparable in the development of competent and ethical practitioners.

As discussed in the Methodology chapter, the sample was self-selected and therefore consisted primarily of trainees who felt more invested in their personal therapy, and potentially more satisfied with its course and outcome. It is possible that trainees with negative experiences of personal therapy and a generally unfavourable attitude towards the training requirement may have been more reluctant to participate, even though the scope of the study was open and exploratory, as evidenced in the recruitment flyer (see Appendix 2). It is important to highlight at this point the considerable effort in attaining this sample size, as trainees appeared to be unexpectedly reluctant or unwilling to participate in the study. This may relate to previous observations made by Gabbard (1995) on the difficulty of conducting research with colleagues, as participants may fear being identifiable by their therapists and colleagues. To that end, I chose to prioritise my participants' sense of trust and confidence in the safety of the research process for their privacy and included quotes that bear the least possible details of personal history.

The sample consisted of seven Counselling Psychology trainees attending at five different major training programs across London and South East England. The sample was homogenous however it is argued that the degree of divergence in the characteristics of the participants enabled a considerable variety of data to emerge for analysis (Smith et al., 2009). General claims about the population of trainee Counselling Psychologists cannot be made, however a sensitive and modest comparison of the conclusions of this study is appropriate with the principles of IPA (Smith et al., 2009). Further to this point and relating to issues of evaluation, the subjective focus of this IPA study also paves the way into the subjective nature of the results obtained, which implies that a different researcher could have emphasised different conclusions, as Willig (2008) poignantly reminds us.

Another limitation of this study entails the possibility of the impact of the shared *trainee* status between myself and the participants. It is possible that some trainees felt tempted to prove themselves as "good therapists". Although considerable thought was put into making the interview a safe and containing experience, it is possible that some trainees might have felt a need to preserve an appearance of a "well-functioning" and "ethical" client, when approached by a researcher who is also a colleague. Having said that, this study allowed for similar dynamics to be explored at length and emerge as dominant themes in the final findings. Therefore, as mentioned in the methodology chapter, it can be argued that the sense of sameness shared with my participants has also contributed to deepening our

reflections on socially/professionally less desirable aspects on their experience. Future research could aim at enriching our understanding regarding the experiences and processes of those trainees who remain against therapy, or a mindful comparison of similar themes with trainees of clinical programs, considering their differences in epistemological grounding and requirements of personal therapy.

A further in-depth exploration of feelings of stigma and shame on the part of trainees could help clarify some of the struggles that participants in this study articulated. For this purpose, recruiting trainees with considerable experience of personal therapy prior to their Counselling Psychology training may be useful as these participants seemed to have a wider depth of reflections to draw upon to describe their assumptions regarding the role of the therapist and the role of the client, as well as the role of vulnerability within a professional context. Moreover, future studies could expand our understanding of the implications of Counselling Psychology training for clinical practice within the current social and political context, by exploring how trainees' experience the demands of their practice in placement settings, in relation to their pluralistic training and the challenges that this may pose for the trainees' developing professional identity.

**Final thoughts on methodological and personal reflexivity**

My own influence over the research process has been thoroughly explored in relation to criteria for quality and validity (Yardley, 2007) which are addressed in detail in the Methodology chapter, under the sections Quality and Validity. I have explained my choice of methodology and questioned relevant alternatives, and I have also attempted to provide a convincing account of my epistemological position. I have discussed my reflections relating to my initial interest in the research topic and the ways in which I found my dispositions to potentially interact with the material introduced by the participants. I will now move on to discuss the ways in which the trainees who participated in this study came to influence me, the research process and the findings of this study.

A consistent and intimate engagement with the participants' narratives greatly influenced my views and challenged my beliefs regarding the topic of mandatory personal therapy during training. I came out of this study further convinced of the mutual, shared, yet immensely diverse nature of our struggles as persons and as therapists. Consistently I observed the ongoing and dynamic interplay between personal anxieties and the nature of professional achievements, however I was also surprised when confronted by our need to preserve a sense of omnipotence for the person of the therapist (Adams, 2014) or the attachment to beliefs of therapy as a personally transformative experience (Werbart, 2007). I also came to appreciate the contrast and function of diverse perspectives and variation in degree of self-

awareness between my participants, who attempted to negotiate and articulate ideas and experiences of a highly sensitive nature, in the presence of *an other*.

Upon reflection, the research question may have been too broad, possibly at the expense of a deeper investigation of underlying meanings. For example, the description of complex processes within themes was sometimes limited to only a few quotes, for example *"challenging the discourse of pathology"*. Nevertheless, the aim of this study was to enrich understanding of the experience of being a client while being a trainee Counselling Psychologist, and further broaden our consideration of relevant implications for training and practice. To that end the focus and conduct of this study has been worthwhile.

My own relationship with therapy and my own understanding of the impact of training therapy has evolved. In my view, completing this study left me with a marked impression of the ways in which training therapy may be different from "common" therapy, demanding that both the trainee-client and the training therapists negotiate and deconstruct the different meanings of their professional role within the therapeutic relationship on an ongoing basis.

**Conclusion and summary**

The present study has explored in depth various intrapersonal and interpersonal aspects and potential areas of conflict that underlie the diverse and contrasting experiences of trainees as clients, during the formative time of their professional doctoral study. The topics addressed are arguably of significant relevance to the training and practice of Counselling Psychology. Trainees interviewed for this study experienced their role as clients as both complementary and contradictory to their developing professional identity. Such issues were further explored and negotiated through the relationship with the therapist and an engagement in a deeper introspection regarding the nature of one's vulnerabilities and the impact of one's personhood within the training and professional context.

Existing literature has highlighted the impact of personal therapy for personal and professional development (Bellows, 2007; Daw & Joseph, 2007; Grimmer & Tribe, 2001a; Ivey & Waldeck, 2014; Macran, Stiles, & Smith, 1999a; Rake & Paley, 2009; Rizq & Target, 2008a; Rizq, 2011). There are also attempts to place the experiences of personal therapy within a developmental-attachment theoretical framework (Rizq & Target, 2010a, 2010b), which may facilitate a deeper understanding of some of the underlying forces determining the quality of ones' therapeutic experience, and potentially subsequent practice. There are also recurrent invitations (Adams, 2014; Martin, 2011) to encompass a more sensitive and considerate approach towards the functionality and value of personal struggles and shame resilience within the context of Counselling Psychology training. A further acknowledgement of the particularly complex and challenging task of the trainees in balancing and negotiating

diverse and often conflicting epistemological positions underlying the training and practice of Counselling Psychology appears highly relevant to the aim and findings of this study. To that end, I believe the interpretative approach I adopted was appropriate to elucidate some important contextual factors which may influence the process of the trainees to define the meaning and purpose of their own therapeutic experiences and personal vulnerabilities, in relation to their developing professional identity as scientist-practitioners.

The humanistic core of Counselling Psychology shapes its ethical values and philosophical foundations (Orlans & VanScoyoc, 2009) and advocates for personal therapy during training as a means to allow trainees to make sense of their own experiences through a critical integration of theory and practice (British Psychological Society (BPS), 2014; Martin, 2010; Rizq, 2010). The findings of this study may suggest that the external mandate to attend personal therapy also evokes conflicting dynamics for the trainees, who seek to define their own subjective needs and desires as clients while responding to the consistent demands of the training and professional institutions. Personal therapy is expected to satisfy specific objectives however the function and clinical value of these homogeneous objectives for the trainee as a unique client seems questionable. It is possible to argue that fewer guidelines on personal therapy might be more appropriate, while placing further emphasis on cultivating an introspective, empathic yet critical approach to *personal knowledge* throughout the different components of the training would be more consistent with the phenomenological and humanistic position that Counselling Psychology aspires to embody as a scientific discipline.

**References**


Ackerman, F., Colapinto, J. A., Scharf, C. N., Weinshel, M., & Winawer, H. (1991). The Involuntary Client: Avoiding "Pretend Therapy'. *Family Systems Medicine*, *9*(3), 261–266.

Adams, M. (2014). *The Myth of the Untroubled Therapist*. East Sussex: Routledge.

Altucher, N. (1967). Constructive Use of the Supervisory Relationship. *Journal of Counseling Psychology*, *14*(2), 165–170.

Ashworth, P. (1999). “Bracketing” in phenomenology: Renouncing assumptions in hearing about student cheating. *International Journal of Qualitative Studies in Education*, *12*(6), 707–721.

Atkinson, P.(2006). Personal therapy in the training of therapists. *European Journal of Psychotherapy and Counselling*, *8*(4), 407–410.

Balint, M. (1954). Analytic training and training analysis. *The International Journal of Psycho-Analysis*, *35*(2), 157–162.

Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice*, *13*(3), 257–274.

Beck, A. (1979). *Cognitive therapy and the emotional disorders*. Penguin.

Bellows, K. F. (2007). Psychotherapists’ personal psychotherapy and its perceived influence on clinical practice. *Bulletin of the Menninger Clinic*, *71*(3), 204–226.

Bennett-Levy, J., McManus, F., Westling, B. E., & Fennell, M. (2009). Acquiring and refining CBT skills and competencies: which training methods are perceived to be most effective? *Behavioural and Cognitive Psychotherapy*, *37*(5), 571–583.

Beutler, L. E., Machado, P. P., & Neufeldt, S. A. (1994). Therapist variables. In A. A. Bergin & S. Garfield (Eds.), *Handbook of Psychotherapy and Behaviour Change*. New York: Wiley.

Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists’ personal therapy: Replication and extension 20 years later. *Psychotherapy (Chicago, Ill.)*, *46*(1), 19–31.

Binnie, J. (2012). Using Cognitive Behavioural Therapy with Complex Cases: Using the Therapeutic Relationship to Change Core Beliefs. *Issues in Mental Health Nursing*, *33*(7), 480–485.

Borys, D. S. (1994). Maintaining therapeutic boundaries: The motive is therapeutic effectiveness, not defensive practice. *Ethics & Behavior*, *4*(3), 267-273..

Briggs, C. L. (2002). Interviewing, Power/Knowledge, and Social Inequality. Teoksessa: Gubrium, J., & Holstein, J.(eds.) Handbook of Interview Research. Context & Method.

British Psychological Society (BPS). (2006). *Division of Counselling Psychology. Professional practice guidelines*. Leicester: British Psychological Society (BPS).

British Psychological Society (BPS). (2009). *Code of ethics and conduct*. *Ethics*. Leicester.

British Psychological Society (BPS). (2014). Standards for the accreditation of Doctoral programmes in Counselling Psychology.

Buckley, P., Karasu, T. B., & Charles, E. (1981). Psychotherapists view of their personal therapy. *Psychotherapy: Theory, Research and Practice*, *18*, 299–305.

Bury, D., & Strauss, S. M. (2006). The Scientist Practitioner in a Counselling Psychology Setting. In *The Modern Scientist- Practitioner: A Guide to Practice in Psychology* (pp. 112–126). London: Routledge.

Cabaniss, D. L., & Bosworth, H. (2006). The Aim of the Training Analysis. *Journal of the American Psychoanalytic Association*, *54*(1), 203–229.

Casement, P. (2002). Learning from Life. *Psychoanalytic Inquiry*, *22*(4), 519–533.

Celenza, A., & Gabbard, G. O. (2003). Analysts who commit sexual boundary violations: a lost cause? *Journal of the American Psychoanalytic Association*, *51*(2), 617–636.

Chamberlain, K. (2000). Methodolatry and Qualitative Health Research. *Journal of Health Psychology*, *5*(3), 285–296.

Charmaz, K., & Henwood, K. (2010). Grounded Theory. In Willig C. &Stainton-Rogers W. (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 240–261).

Chaturvedi, S. (2013). Mandatory personal therapy : does the evidence justify the practice ? In debate. *British Journal of Guidance & Counselling*, *41*(4), 454–461.

Clark, M. M. (1986). Personal therapy: A review of empirical research. *Professional Psychology: Research and Practice*, *17*(6), 541–543.

Clarkson, P. (1996). Researching the “therapeutic relationship” in psychoanalysis, counselling psychology and psychotherapy—a qualitative inquiry. *Counselling Psychology Quarterly*, *9*(2), 143–162.

Clarkson, P.,(1947-2006), & Cavicchia, S. (2014). *Gestalt counselling in action*. (S.

Cavicchia, Ed.) (4th ed.). Los Angeles: SAGE.

Coltart, N. (1993). *How to survive as a psychotherapist*. London: Sheldon Press.

Corrie, S. (2010). What is evidence. In *Handbook of Counselling Psychology* (3rd ed., pp. 44–61). London.

Corrie, S., & Callahan, M. M. (2000). A review of the scientist--practitioner model: reflections on its potential contribution to counselling psychology within the context of current health care trends. *The British Journal of Medical Psychology*, *73 ( 3)*, 413–427.

Corrie, S., & Lane, D. a. (2011). How should counselling psychologists investigate their practice in an era of volatility? *Counselling Psychology Review*, *26*(4), 10–19.

Cotton, E. (2015). The privatization of madness. *Psychotherapy Section Review*, *55*, 17–19.

Cushway, D. (2009). Reflective practice and Humanistic Psychology: The whole is more than the sum of its parts. In J. Stedmon & R. Dallos (Eds.), *Reflective practice in psychotherapy and counselling* (pp. 73–93). Open University Press.

Darongkamas, J., Burton, M., & Cushway, D. (1994). The use of personal therapy by clinical psychologists working in the NHS in the United Kingdom. *Journal of Clinical Psychology and Psychotherapy*.

Davidson, L. (1975). The Way Things Are: 1975. *Contemporary Psychoanalysis*, *11*(3), 349–356.

Davies, J. (2008). The transformative conditions of psychotherapeutic training: An anthropological perspective. *British Journal of Psychotherapy*, *24*(1), 50–64.

Davies, J. (2009). *The making of psychotherapists:an anthropological analysis*. London: Karnac Books.

Davies, J. (2012). *The Importance of Suffering: The Value and Meaning of Emotional Discontent*. London: Routledge.

Davies, J. (2013). *Cracked: Why Psychiatry is Doing More Harm Than Good.* London: Icon Books, Ltd.

Daw, B., & Joseph, S. (2007). Qualified therapists' experience of personal therapy. *Counselling and Psychotherapy Research*, *7*(4), 227–232.

Deacon, S. a., Kirkpatrick, D. R., Wetchler, J. L., & Niedner, D. (1999). Marriage and family therapists' problems and utilization of personal therapy. *The American Journal of Family Therapy*, *27*(1), 73–93.

Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of Psychological Help Seeking in Clinical and Counseling Psychology Graduate Students. *Professional Psychology: Research and Practice*, *36*(3), 323–329.

Desmond, H. (2004). Training Analysis: Oxymoron or Viable Compromise? Training Analysis, Power, and the Therapeutic Alliance. *Psychoanalytic Inquiry*, *24*(1), 31–50.

Dicaccavo, A. (2002). Investigating individuals ' motivations to become counselling psychologists : The in uence of early caretaking roles within the family, 463–472.

Donati, M. A. (2002). Personal development in Counselling Psychology Training: A critical investigation of the views and experiences of trainers and trainees.(Unpublished doctoral thesis) City University London, United Kingdom.

Douglas, B., & James, P. (2014). *Common presenting issues in psychotherapeutic practice*. London: Sage Publications.

Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological approaches. *International Journal of Nursing Studies*, *44*(1), 131–142.

Dryden, W., Mearns, D., & Thorne, B. (2000). Counselling in the United Kingdom : past , present and future, *28*(4).

Eatough, V., & Smith, J. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 179–197). London: Sage.

Eisendorfer, A. (1959). The Selection of Candidates Applying for Psychoanalytic Training. *Psychoanal. Q.*, *28*(1959), 374–378.

Elliot, M., & Williams, D. (2003). The client experience of counselling and psychotherapy. *Counselling Psychology Review, 18*(1).

Elliot, R., & Partyka, R. (2005). Personal therapy and growth in experiential-humanistic therapies. In J. Geller, J. C. Norcross, & D. Orlinsky (Eds.), *The Psychotherapist's own psychotherapy: patient and clinician perspectives2* (pp. 34–40). New York: Oxford University Press, Inc.

Elliott, M., & Williams, D. (2006). The Client Experience of Counselling and Psychotherapy. *Counselling Psychology Review*, *21*(2), 34–39.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields.*British Journal of Clinical Psychology*, *38*(3), 215-229.

Finlay, L. (2011). *Phenomenology for Therapists: Researching the lived world*. Willey-Blackwell.

Fleischer, J. A., & Wissler, A. (1985). The therapist as patient: Special problems and considerations.*Psychotherapy*, *22*(3), 587–594.

Fleming, J., & Weiss, S. S. (1978). Assessment of progress in a training analysis. *The International Journal of Psychoanalysis*, *5*(1), 33–43.

Fonagy, P., & Target, M. (1997). Attachment and reflective function: their role in self-organization. *Development and Psychopathology*, *9*(4), 679–700.

Fonagy, P., & Target, M. (1998). Mentalization and the changing aims of child psychoanalysis. *Psychoanalytic dialogues*, *8*(1), 87-114.

Frank, G. (2010). A commentary on the training analysis. *Psychoanalytic Review,97*(6).

Frederickson, J. (1990). Hate in the Countertransference as an Empathic Position, *26*(3), 479–495.

Freud, S. (1937). *Analysis Terminable Interminable*.

Freud, S. (1912). Recommendations to physicians practicing psychoanalysis. In J. Strachey (Ed.), *The strandard edition of complete psychological works of Sigmund Freud* (pp. 109–120). London: Hogarth Press.

Gabbard, G. O. (1995). When the patient is a therapist: special challenges in the psychoanalysis of mental health professionals. *Psychoanalytic Review*, *82*(5), 709–725.

Gabbard, G. O., & Ogden, T. H. (2009). On becoming a psychoanalyst. *The International Journal of Psycho-Analysis*, *90*(2), 311–27.

Garfield, S., & Bergin, A. (1971a). Personal therapy, outcome and some therapist variables 1. *Practice*, *8*(3), 251–253.

Garfield, S., & Bergin, A. E. (1971b). Therapeutic conditions and outcome. *Journal of Abnormal Psychology*, *77*(2), 108–114.

Geist, R. a. (2008). Connectedness, Permeable Boundaries, and the Development of the Self: Therapeutic Implications. *International Journal of Psychoanalytic Self Psychology*, *3*(2), 129–152. 1

Geller, J. D., Norcross, J. C., & Orlinsky, D. E. (Eds.). (2005). *The psychotherapist's own psychotherapy: patient and clinician perspectives*. New York: Oxford University Press, Inc.

Gerson, B. (1996). *The therapist as a person. Life crises, life choices, life experiences, and their effects on treatment.* New York: Routledge.

Gillon, E. (2007). *Person-Centred Counselling Psychology: An Introduction*. Sage.

Gil-Rodriguez, E., & Butcher, A. (2012). From trainee to trainer: crossing over to the other side of the fence. *British Journal of Guidance & Counselling*, *40*(4), 357–368.

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research. *Journal Of Phenomenological Psychology,28*(2), 235.

Giorgi, A. (2011). IPA and Science: A Response to Jonathan Smith. *Journal of Phenomenological Psychology*, *42*(2), 195–216.

Giorgi, A., & Giorgi, B. (2010). Phenomenological Psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 165–179).

Gold, S. H., & Hilsenroth, M. J. (2009). Effects of graduate clinicians' personal therapy on therapeutic alliance. *Clinical Psychology & Psychotherapy*, *16*(3), 159–71.

Goldfried, M. R., & Davila, J. (2005). The role of relationship and technique in therapeutic change. *Psychotherapy: Theory, Research, Practice, Training*, *42*(4), 421–430.

Goldstein, R. (2010). The future of Counselling Psychology. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of Counselling Psychology* (3rd ed., pp. 671–680). London: Sage Publications.

Greenberg, R. P., & Staller, J. (1981). Personal therapy for therapists. *The American Journal of Psychiatry*.

Greenson, R. (1967). *The theory and technique of psychoanalysis*. London:The Hogarth Press and the Institute of Psychoanalysis.

Grimmer, A. (2015). Personal therapy for therapists. In R. Tribe & J. Morrissey (Eds.), *Handbook of professional and ethical practice for Psychologists, Counsellors, and Psychotherapists* (2nd ed., pp. 256–267). East Sussex: Routledge.

Grimmer, A., & Tribe, R. (2001). Counselling psychologists' perceptions of the impact of mandatory personal therapy on professional development--an exploratory study. *Counselling Psychology Quarterly*, *14*(4), 287–301.

Guy, A., Loewenthal, D., Thomas, R., & Stephenson, S. (2012). Scrutinising NICE: The impact of the National Institute for Health and Clinical Excellence Guidelines on the provision of counselling and psychotherapy in primary care in the UK. *Psychodynamic*

*Practice*, *18*(1), 25–50.

Guy, J. D., Stark, M. J., & Poelstra, P. L. (1988). Personal therapy for psychotherapists before and after entering professional practice. *Professional Psychology: Research and Practice*, *19*(4), 474–476.

Hadjiosif, M. (2015). Professional and ethical practice during training: the “wounded healer.” In R. Tribe & J. Morrissey (Eds.), *Handbook of professional and ethical practice for Psychologists, Counsellors, and Psychotherapists* (2nd ed., pp. 310–321). London: Routledge.

Hansen, J. T. (2004). Thoughts on Knowing: Epistemic implications of Counselling Practice. *Journal of Counseling & Development*, *82*, 131–138.

Hansen, J. T. (2006). Counseling Theories Within a Postmodernist Epistemology: New Roles for Theories in Counseling Practice. *Journal of Counseling & Development*, *84*(3), 291–297.

Henton, I. (2012). Practice-based research and counselling psychology: A critical review and proposal. *Counselling Psychology Review*, *27*(3), 11–28.

HCPC.(2015) Standards of proficiency for Practitioner Psychologists.

Henwood, K. L., & Pidgeon, N. F. (1992). Qualitative research and psychological theorizing. *British Journal of Psychology*, *83 (1)*, 97–111.

Hill, C. E. (2012). Shopping Around for Theories for Counseling Psychology Practice: Reaction. *The Counseling Psychologist*, *40*(7), 1061–1069.

Hollway, W., & Jefferson, T. (2008). The free association narrative interview method. In: Given, L. ed. The SAGE Encyclopedia of Qualitative Research Methods. Sevenoaks, California: Sage, pp. 296–315.

Holzman, L. a., Searight, H. R., & Hughes, H. M. (1996). Clinical psychology graduate students and personal psychotherapy: Results of an exploratory survey. *Professional Psychology: Research and Practice*, *27*(1), 98–101.

House, R., & Loewenthal, D. (2010). CBT and the other psychological therapies in an age of happiness. *Critically Engaging CBT*, 1-17.

House, R., & Loewenthal, D. (Eds.). (2008). *Against and for CBT: Towards a Constructive Dialogue.* PCCS Books.

Ingham, T. (2010). What makes government the right body to handle an anxiety epidemic? *Psychodynamic Practice*, *16*(2), 207–212.

Ivey, G. (2014). The Ethics of Mandatory Personal Psychotherapy for Trainee Psychotherapists. *Ethics & Behavior*, *24*(2), 91–108.

Ivey, G., & Partington, T. (2014). Psychological woundedness and its evaluation in applications for clinical psychology training. *Clinical Psychology & Psychotherapy*, *21*(2), 166–177.

Ivey, G., & Waldeck, C. (2014). Trainee clinical psychologists' experience of mandatory personal psychotherapy in the context of professional training. *Asia Pacific Journal of Counselling and Psychotherapy*, *5*(1), 87–98.

Jacobs, M. (2000). Psychotherapy in the United Kingdom: past, present, and future. *British Journal of Guidance and Counselling*, *28*(4), 451–466.

Jacobs, M. (2011). The aims of personal therapy in training. *Psychodynamic Practice*, *17*(4), 427–439.

Jaeger, M., & Rosnow, R. (1988). Contextualism and its implications for psychological inquiry. *British Journal of Psychology*, 63–75.

Jones, J. L., & Mehr, S. L. (2007). Foundations and Assumptions of the Scientist-Practitioner Model. *American Behavioral Scientist*, *50*(6), 766–771.

Jordan, J. V. (2008). Valuing Vulnerability : New Definitions of Courage. *Women and Therapy*, *31*(2), 209–233.

Kendall, T., & Cochrane, A. (2007). Truth, Disclosure and the Influence of Industry on the Development of NICE Guidelines: An Interview with Tim Kendall. *BioSocieties*, *2*(1), 129–140.

Kernberg, O. F. (1996). Thirty methods to destroy the creativity of psychoanalytic candidates. *The International Journal of Psycho-Analysis*, *77 ( Pt 5)*(1996), 1031–1040.

Kernberg, O. F. (2012). Suicide Prevention for Psychoanalytic Institutes and Societies. *Journal of the American Psychoanalytic Association*, *60*(4), 707–719.

King, G. (2011). Psychodynamic therapists' dilemmas in providing personal therapy to therapists in training: An exploratory study. *Counselling and Psychotherapy Research*, *11*(3), 186–195.

Kumari, N. (2011). Personal therapy as a mandatory requirement for counselling psychologists in training: A qualitative study of the impact of therapy on trainees' personal and professional development. *Counselling Psychology Quarterly*, *24*(3), 211–232.

Kvale, S., & Brinkmann, S. (1996). *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: SAGE.

Lacan, J. (1953). The function and field of speech and language in psychoanalysis. In *Ecrits* (pp. 31–106). New York: W.W. Norton & Company, Inc.

Laireiter, A. R., & Willutzki, U. (2003). Self-reflection and self-practice in training of cognitive behaviour therapy: An overview. *Clinical Psychology and Psychotherapy*, *10*(1), 19–30.

Laireiter, A. R., & Willutzki, U. (2005). Personal therapy in cognitive behavioral therapy: Tradition and current practice. In J. Geller, J. C. Norcross, & D. Orlinsky (Eds.), *The Psychotherapist's own psychotherapy: patient and clinician perspectives2* (pp. 41–50). New York: Oxford University Press, Inc.

Lane, D., & Corrie, S. (2006). Counselling Psychology: it's influences and future. *Counselling Psychology Review*, *21*(1), 12–24.

Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. United Kingdom: Pearson Education.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*(2), 102–120.

Larsson, P. (2012). Psychologist suicide: Practising what we preach, *25*(7), 550–552.

Larsson, P., Brooks, O., & Loewenthal, D. (2012). Counselling psychology and diagnostic categories : A critical literature review. *Counselling Psychology Review*, *27*(3), 55–68.

Lasky, R. (2005). The training analysis in the mainstream Freudian model. In J. Geller, J. Norcross, & D. Orlinsky (Eds.), *The Psychotherapist's own psychotherapy: patient and clinician perspectives* (pp. 15–26). New York: Oxford University Press, Inc.

Layard, R. (2005). "Mental health: Britain's biggest social problem?"

Leader, D. (2006). To what extent is personal experience and external validation essential in psychoanalytic therapeutic training? *European Journal of Psychotherapy and Counselling*, *8*(4), 387–391.

Levy, N. (2010). *The power of the therapeutic relationship in Cognitive Behavioural Therapy*. *October*.(Unpublished doctoral thesis), City University London, United Kingdom.

Lindon, J. A. (1994). Gratification and provision in psychoanalysis should we get rid of "the rule of abstinence"?. *Psychoanalytic Dialogues*, *4*(4), 549-582.

Loewenthal, D. (1996). The postmodern counsellor: Some implications for practice, theory,

research and professionalism. *Counselling Psychology Quarterly*, *9*(4), 373–381.

Loewenthal, D. (Ed.). (2015). *Critical Psychotherapy, Psychoanalysis, and Counselling: Implications for practice*. United Kingdom: Palgrave Macmillan.

Macaskill, N. (1988). Personal therapy in the training of the psychotherapist: Is it effective? *British Journal of Psychotherapy*, *4*(3), 219–226.

Macaskill, N. (1992). Psychotherapists-In-Training Evaluate Their Personal Therapy: Results of a UK Survey. *British Journal of Psychotherapy*, *9*(2), 133-138.

MacDevitt, J. W. (1988). Therapists' personal therapy and professional self-awareness. *Psychotherapy: Theory/Research/Practice/Training*, *24*(4), 693–703.

Macran, S., & Shapiro, D. a. (1998). The role of personal therapy for therapists: a review. *The British Journal of Medical Psychology*, *71 ( Pt 1)*, 13–25.

Macran, S., Stiles, W. B., & Smith, J. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology*, *46*(4), 419–431.

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, *91*(1), 1–20.

Mair, M. (2015). Recent rhetoric in the NHS: Reflections on the language of marketed care. *Psychotherapy Section Review*, *55*(8-16).

Mander, G. (2004). The selection of candidates for training in psychotherapy and counselling. *Psychodynamic Practice*, *10*(2), 161–172.

Martin, P. (2010). Training and Personal Development. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of Counselling Psychology* (3rd ed.). London.

Martin, P. (2011). Celebrating the wounded healer. *Counselling Psychology Review*, *26*(1), 9–19.

McCormick, E. (2010). The therapeutic relationship. In E. W. McCormick & N. Wellings (Eds.), *Transpersonal psychotherapy: theory and practice* (pp. 20–51). London: Cassell.

McEwan, J., & Duncan, P. (1993). Personal therapy in the training of psychologists. *Canadian Psychology/Psychologie canadienne*, *34*(2), 186.

McLeod, J. (2001). Developing a research tradition consistent with the practices and values of counselling and psychotherapy: Why counselling and psychotherapy research is

necessary. *Counselling and Psychotherapy Research*, *1*(1), 3–11.

McLeod, J., & McLeod, J. (2014). *Personal and Professional Development for Counsellors, Psychotherapists, and Mental Health Practitioners*. United Kingdom: Open University Press.

Mcnamara, J. R. (1986). Personal therapy in th training of behavior therapists. *Psychotherapy*, *23*(3), 370–374.

Mearns, D. (1997). Personal Development during training. *Person-Centred Counselling Training*, 94–109.

Mearns, D. (2004). Problem-Centered is not Person-Centered / Problemzentriert ist nicht personzentriert / Centrado en el problema no es centrado en la persona. *Person-Centered & Experiential Psychotherapies*, *3*(2), 88–101.

Mearns, D., & Cooper, M. (2005). *Working at Relational Depth in Counselling and Psychotherapy*. London: Sage Publications Ltd.

Mearns, D., & Thorne, B. (2010). *Person centred counselling in action* (3rd ed.). London: Sage Publications Ltd.

Middleton, H. (2015). The medical Model: What It Is, Where Did It Come from and How Long Has It Got? In D. Loewenthal (Ed.), *Critical Psychotherapy, Psychoanalysis and Counselling. Implications for practice* (pp. 29–40). Palgrave Macmillan.

Milton, M. (Ed.). (2012). *Diagnosis and Beyond: Counselling Psychology contributions to understanding human distress*. Hereforsdshire: PCCS Books.

Moller, N. P., Timms, J., & Alilovic, K. (2009). Risky business or safety net? Trainee perceptions of personal therapy: a qualitative thematic analysis.*European Journal of Psychotherapy and Counselling*, *11*(4), 369-384.

Moorey, S. (2010). Cognitive behaviour therapy and psychoanalysis. In A. Lemma & M. Patrick (Eds.), *Off the Couch* (pp. 194–211). London: Routledge.

Morrissey, J. (2015). Training supervision: professional and ethical considerations. In R. Tribe & J. Morrissey (Eds.), *Handbook of professional and ethical practice for Psychologists, Counsellors, and Psychotherapists* (pp. 283–295). East Sussex: Routledge.

Murphy, D. (2005). A qualitative study into the experience of mandatory personal therapy during training. *Counselling and Psychotherapy Research*, *5*(1), 27–32.

Nielsen, N. (1954). The dynamics of training analysis. *The International Journal of Psycho-*

*Analysis*, *35*(2), 247–249.

Norcross, J. C. (2005). The psychotherapist's own psychotherapy: educating and developing psychologists. *The American Psychologist*, *60*(8), 840–50.

Norcross, J. C., Evans, K. L., & Schatz, D. M. (2008). Psychotherapists Who Abstain From Personal Therapy : Do They Practice What They Preach ?, *64*(12), 1368–1376.

Norcross, J. C., & Guy, J. D. (2005). The prevalence and parameters of personal therapy in Europe and elsewhere. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky (Eds.), *The Psychotherapist's own psychotherapy: patient and clinician perspectives* (pp. 177–191). New York: Oxford University Press, Inc.

Norcross, J. C., Strausser-Kirtland, D., & Missar, C. D. (1988). The Processes and Outcomes of Psychotherapists ' Personal Treatment Experiences. *Psychotherapy*, *25*(1), 36–43.

Norcross, J. C., & Wampold, B. E. (2011). What works for whom: Tailoring psychotherapy to the person. *Journal of Clinical Psychology*, *67*(2), 127–132.

O'Connell, D. C., & Kowal, S. (1995). Basic principles of transcription. In *Rethinking methods in psychology* (pp. 93–105). London: SAGE.

Oguntokun, R. (1998). A Lesson in the Seductive Power of Sameness: Representing Black African Refugee Women. *Feminism and Psychology*, *8*(4), 525–529.

Orlans, V. (1993). The counsellor's life crisis. In W. Dryden (Ed.), *Questions and answers on counselling in action.* (pp. 62–67). London: Sage Publications.

Orlans, V., & Van Scoyoc, S. (2009a). Philosophical Considerations in Counselling Psychology. In *A Short Introduction to Counselling Psychology* (pp. 20–39).

Orlans, V., & VanScoyoc, S. (2009b). Current debates and challenges in counselling psychology. In *A Short Introduction to Counselling Psychology* (pp. 98–108).

Orlinsky, D. E., & Ronnestad, M. H. (2005). *How psychotherapists develop. A study of therapeutic work and professional growth.*Washington DC: American Psychological Association.

Orlinsky, D. E., Schofield, M. J., Schroder, T., & Kazantzis, N. (2011). Utilization of personal therapy by psychotherapists: A practice-friendly review and a new study. *Journal of Clinical Psychology*, *67*(8), 828–842.

Oteiza, V. (2010). Therapists' experiences of personal therapy: A descriptive phenomenological study. *Counselling and Psychotherapy Research*, *10*(3), 222–228.

Padesky, C. (1994). Schema Change Processes in Cognitive Therapy. *Journal of Clinical Psychology and Psychotherapy*, *1*(5), 267–278.

Parker, I. (2002). Universities are not good places for counselling. *European Journal of Psychotherapy ,Counselling &Health*, *5*(4), 331–346.

Parker, I. (2006). Critical Psychology and critical practice in Britain. *Annual Review of Critical Psychology*, *5*, 89–100.

Parker, I. (2010). Lacanian psychoanalysis and CBT gaps. In R. House & D. Loewenthal (Eds.), *Critically engaging CBT* (pp. 72–83). Open University Press.

Parker, I. (2015). Towards Critical Psychotherapy and Counselling: What Can we Learn from Critical Psychology (and Political Economy)? In D. Loewenthal (Ed.), *Critical Psychotherapy, Psychoanalysis and Counselling. Implications for practice* (1st ed., pp. 41–52). London: Palgrave Macmillan.

Parsons, T. (1951). Illness and the role of the physician: a sociological perspective. *The American Journal of Orthopsychiatry*, *21*(3), 452–460.

Pattison, S. (2000). Dealing with shame: the task of integration. In *Shame: Theory, Therapy and Theology* (pp. 154–180). Cambridge University Press.

Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy*. New York: Julian.

Philippson, P. (2013). Gestalt Therapy in Britain. In E. O'Leary (Ed.), *Gestalt therapy around the world*. John Wiley & Sons, Ltd.

Pilgrim, D. (2009). CBT in the British NHS: Vague imposition or imposition of vagueness? *European Journal of Psychotherapy & Counselling*, *11*(3), 323–339.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, *52*(2), 137–145. doi:10.1037/0022-0167.52.2.137

Ponterotto, J. G. (2005). Qualitative Research in Counseling Psychology: A Primer on Research Paradigms and Philosophy of Science. *Journal of Counseling Psychology*, *52*(2), 126–136.

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, *25*(3), 247–258.

Proeve, M. (2010). CBT, happiness and evidence based practice. In D. Loewenthal & R. House (Eds.), *Critically engaging CBT* (pp. 145–159). Open University Press.

Rake, C., & Paley, G. (2009). Personal therapy for psychotherapists: The impact on therapeutic practice. A qualitative study using interpretative phenomenological analysis. *Psychodynamic Practice*, *15*(3), 275–294.

Reicher, S. (2000). Against methodolatry: some comments on Elliott, Fischer, and Rennie. *The British Journal of Clinical Psychology / the British Psychological Society*, *39 ( Pt 1)*, 1–6; discussion 7–10.

Rennie, D. (1998). *Person-centred counselling: an experiential approach.* London: SAGE.

Rennie, D. L. (1994). Human science and counselling psychology: Closing the gap between research and practice. *Counselling Psychology Quarterly*, *7*(3), 235–250.

Rizq, R. (2006). Training and disillusion in counselling psychology: a psychoanalytic perspective. *Psychology and Psychotherapy*, *79*(Pt 4), 613–627.

Rizq, R. (2007). On the margins: a psychoanalytic perspective on the location of counselling, psychotherapy and counselling psychology training programmes within universities. *British Journal of Guidance & Counselling*, *35*(3), 283–297.

Rizq, R. (2009). Teaching and transformation: A psychoanalytic perspective on psychotherapeutic training. *British Journal of Psychotherapy*, *25*(3), 363–380.

Rizq, R. (2009b). The language of healthcare. *Therapy Today*, (1), 1–28.

Rizq, R. (2010). Personal development. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of Counselling Psychology* (pp. 569–589). Sage Publications.

Rizq, R. (2011). Personal therapy in psychotherapeutic training: Current research and future directions. *Journal of Contemporary Psychotherapy*, *41*(3), 175–185.

Rizq, R. (2013). States of Abjection. *Organization Studies*, *34*(9), 1277–1297.

Rizq, R. (2014). Perverting the course of therapy: the fetishisation of governance in public sector mental health services. *Psychoanalytic Psychotherapy*, *28*(3), 249–266.

Rizq, R., Hewey, M., Salvo, L., Spencer, M., Varnaseri, H., & Whitfield, J. (2010). Reflective voices: primary care mental health workers' experiences in training and practice. *Primary Health Care Research & Development*, *11*(01), 72.

Rizq, R., & Target, M. (2008). "Not a little Mickey Mouse thing": How experienced counselling psychologists describe the significance of personal therapy in clinical practice and training. Some results from an interpretative phenomenological analysis. *Counselling Psychology Quarterly*, *21*(1), 29–48.

Rizq, R., & Target, M. (2008b). “The power of being seen”: an interpretative phenomenological analysis of how experienced counselling psychologists describe the meaning and significance of personal therapy in clinical practice, *36*(2), 131–154.

Rizq, R., & Target, M. (2010a). “If that”s what I need, it could be what someone else needs.’ Exploring the role of attachment and reflective function in counselling psychologists' accounts of how they use personal therapy in clinical practice: a mixed methods study. *British Journal of Guidance & Counselling*, *38*(4), 459–481.

Rizq, R., & Target, M. (2010b). “We had a constant battle”. The role of attachment status in counselling psychologists’ experiences of personal therapy: Some results from a mixed-methods study. *Counselling Psychology Quarterly*, *23*(4), 343–369.

Rogers, C. (1957). The Necessary and Sufficient Conditions of Therapeutic Personality Change, *21*(2), 95–103.

Rogers, C. (1967). *On Becoming a Person: A Therapist’s View of Psychotherapy*. Constable.

Roth, A., & Fonagy, P. (2006). *What Works for Whom?: A Critical Review of Psychotherapy Research*. Guilford Press.

Rothery, N. (1992). Personal Growth Work in the Training of Counselling and Clinical Psychologists in Ireland. *The Irish Journal of Psychology*, *13*(2), 168–175.

Roulston, K. (2010). Considering quality in qualitative interviewing. *Qualitative Research*, *10*(2), 199–228.

Sanders, P. (2007). Decoupling psychological therapies from the medical model. *Therapy Today*, *18*(9).

Schanau, B. (2012). *The paradox of the ‘ wounded healer*. (Unpublished doctoral thesis). City University London, United Kingdom.

Schon, D. (1983). *The Reflective Practitioner- How Professional Think in Action*. New York: Basic Books.

Schon, D. (1987). *Educating the reflective practitioner*. London: Jossey-Bass.

Shapiro, D. a. (1996). “Validated” treatments and evidence-based psychological services. *Clinical Psychology: Science and Practice*, *3*(3), 256–259.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*(2), 105–115.

Shedler, J. (2015). Where is the Evidence for Evidence-Based Therapies. *The Journal of Psychological Therapies in Primary Care*, *4*, 47–59.

Skovholt, T. ., & Ronnestad, M. H. (1996). *The evolving professional self: Stages and themes in therapist and counsellor development.* London: Wiley.

Skovholt, T. M. (2005). The cycle of caring: A model of expertise in the helping professions. *Journal of Mental Health Counseling*, *27*(1), 82–93.

Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the Novice Counselor and Therapist. *Journal of Career Development*, *30*(1), 45–58.

Sloan, G. (1999). The therapeutic relationship in cognitive-behaviour therapy, 58–64.

Smith, J. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*(1), 39–54.

Smith, J. a. (2011). Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries and further development of criteria. *Health Psychology Review*, *5*(1), 55–61.

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretive Phenomenological Analysis: Theory, Method, and Research.* (1st ed.). London: Sage Publications.

Spradley, J. P. (1979). *The ethnographic interview.* Holt, Rinehart and Winston.

Stake, R. E. (2000). Case study.In Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. Sage.

Stedmon, J., & Dallos, R. (Eds.). (2009). *Reflective practice in psychotherapy and counselling*. Open University Press.

Steiner, G. L. (1978). A survey to identify factors in therapists' selection of a therapeutic orientation. *Psychotherapy: Theory, Research and Practice*, *15*(4), 371–374.

Strawbridge, S., & Woolfe, R. (2010). Counselling Psychology: Origins, developments and challenges. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of Counselling Psychology* (3rd ed., pp. 3–22). London: Sage Publications.

Strong, T. (2010). Staying in dialogue with CBT. *European Journal of Psychotherapy & Counselling*, *12*(3), 243–256.

Strong, T., Ross, K., Chondros, K., & Sesma-Vazquez, M. (2015). Contesting the curriculum: Counsellor Education in a Post-modern and Medicalising Era. In D. Loewenthal (Ed.),

*Critical Psychotherapy, Psychoanalysis and Counselling. Implications for practice* (pp. 241–263). London: Palgrave Macmillan.

Sussman, M. B. (2007). *A curious calling: Unconscious motivations for practicing psychotherapy* (2nd ed.). London: Aronson.

Taylor, M., & Loewenthal, D. (2001). Researching a client's experience of preconceptions of therapy - A discourse analysis. *Psychodynamic Counselling*, *7*(1), 63–82.

*The Maresfield Report on the Regulation of Psychotherapy in the UK*. (2009). London.

*The NHS Knowledge and Skills Framework (KSF) and clinical psychology training*. (2006).

Tribe, R. (2015). Trainee perspectives on professional and ethical practice. In R. Tribe & J. Morrissey (Eds.), *Handbook of professional and ethical practice for Psychologists, Counsellors, and Psychotherapists2* (pp. 296–309). London: Routledge.

Valentine, M. (1996). The abuse of power within the analytic setting.*British Journal of Psychotherapy*, *13*(2).

van Deurzen-Smith, E. (1990). Philosophical underprinnings of counselling psychology. *Counselling Psychology Review*, *5*(2), 8–13.

Verhaeghe, P. (2008). *On Being Normal and Other Disorders: A Manual for Clinical Psychodiagnostics*. Karnac Books.

Von Haenisch, C. (2011). How did compulsory personal therapy during counselling training influence personal and professional development? *Counselling and Psychotherapy Research*, *11*(2), 148–155.

Waldeck, C. (2011). *Trainee Clinical Psychologists' experiences of personal psychotherapy in the context of professional training*. University of Witwatersrand.

Walsh, Y., Dillon, S., Frankland, A., Kerr, C., Larsson, P., Nicholas, H., & Sugg, M. (2013). *Working relationally with Trauma: A discussion*. (P. James & P. Martin, Eds.). Leicester: British Psychological Society Division of Counselling Psychology.

Watts, J. (2015a). Cognitive Behavioural Therapy Does Not Exist. *Mad in America*.

Watts, J. (2015b). Systemic means to subversive ends: Maintaining the therapeutic space as a unique encounter. In *Critical Psychotherapy, Psychoanalysis and Counselling. Implications for practice* (pp. 264–284).

Werbart, A. (2007). Utopic ideas of cure and joint exploration in psychoanalytic supervision. *The International Journal of Psycho-Analysis*, *88*(Pt 6), 1391–408.

Wheeler, S. (2002). Nature or nurture: are therapists born or trained? *Psychodynamic Practice*, *8*(4), 427–441.

Wigg, R., Cushway, D., & Neal, A. (2011). Personal therapy for therapists and trainees: a theory of reflective practice from a review of the literature. *Reflective Practice*, *12*(3), 347–359.

Williams, D., & Irving, J. (1996). Counselling Psychology: a conflation of paradigms. *Counselling Psychology Review*, *11*(2), 4–7.

Williams, F., Coyle, a, & Lyons, E. (1999). How counselling psychologists view their personal therapy. *The British Journal of Medical Psychology*, *72 ( Pt 4)*, 545–555.

Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). MacGraw Hill.

Windholz, E. (1955). Problems of termination of the training analysis. *Journal of the American Psychoanalytic Association*, *3*(4), 641–650.

Wyatt, F. (1948). The self-experience of the psychotherapist. *Journal of Consulting Psychology*, *12*(2), 82–7.

Yalom, I. D. (2002). The gift of therapy. An open letter to a new generation of therapist and their patients.New York: Harper Collins.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, *15*(2), 215–228.

Yardley, L. (2007). Demonstrating Validity in Qualitative Psychology. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (Second Edi., pp. 235–251). Sage Publications Ltd.

**Appendix 1**

**Recruitment flyer**

**Training to be a client:** How do counselling psychology trainees describe their experience of being in the client's role and what meaning do they attribute to this experience?

Are you currently training in Counselling Psychology? Are you in therapy yourself?

What is your experience of being in personal therapy while training to be a therapist?

This research aims to explore how trainee counselling psychologists describe the meaning and significance of personal therapy in clinical practice, training, professional development, and personal life.

If you are a 2nd, 3rd,or 4th year Counselling Psychology trainee, I would like to invite you to participate in this research study. This is a topic of special interest to the field of Counselling Psychology, given the emphasis it places upon the practitioner's personal and professional development, the use of self, capacity for self-reflection, and interpersonal skills. Sharing your experiences will contribute to research in to this relatively unexplored aspect of our personal and professional journey of becoming therapists.

What's involved?

If you agree to participate, you will be interviewed by me at City University London, at a time that is convenient for you. Your interview will be audio-recorded and transcribed; the transcripts will then be analysed using IPA method. Any identifiable data will be removed from the transcripts and all records will be anonymized and kept confidential.
Your participation will be greatly appreciated.
If you are interested please email me at [redacted]
This study is supervised by Dr Susan Strauss [redacted]

## Appendix 2

## Consent form

By signing this consent form you agree that:

I agree to take part in the above City University research project. I have had the project explained to me, and I have read the Explanatory Statement above, which I may keep for my records.

I understand that the process followed will be in accordance with the BPS guidelines for Conducting Research.

I understand that agreeing to take part means that I am willing to:

- be interviewed by the researcher
- allow the interview to be audiotaped

I understand that the data obtained from this interview will be

- transcribed
- analysed

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organization.

I consent to the use of small sections of the recorded and transcribed interview in publications.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.

**Name: …….....Signature: .....……Date: .....**

I believe that …….. understands the above project and gives her/his consent voluntarily

**Researcher's name…Kallirroi Nikolopoulou…Signature.....Date:.....**

Address: City University London, Northampton Square, London EC1V 0HB

[redacted]

Research supervisor:
Susan Maise Strauss, PhD, CPsychol
Department of Psychology,
City University London

[redacted]

**Appendix 3**

**Information Sheet**

**Training to be a client: How do Counselling Psychology trainees describe their experience of being in the client's role and what meaning do they attribute to this experience?**

My name is Kallirroi Nikolopoulou, and I am a Counselling Psychologist Trainee at City University London. The present study is my Doctoral Dissertation, attempting to explore in depth the experience of undertaking therapy while training to be a therapist, and the subjective meaning attributed to this experience by the individual. By addressing this question, this study intends to shed further light on the trainee's meaning-making process, and explore the multiple layers of this phenomenon from the trainee's perspective.

If you are a Counselling Psychology trainee above the first year of training and currently undergoing personal therapy, I would like to invite you to participate in this research study.

All participants will be interviewed by me, and interviews will be held at a time of your convenience in the premises of City University London, at Northampton Square. Interviews are expected to last approximately an hour each; they will be audio-recorded, while some notes may be taken simultaneously. Afterwards, the recordings will be transcribed and analysed. All records will be regarded as confidential, will be anonymized, and will not include any information that may imply the identity of the participants. In addition, in accordance with BPS guidelines, all records will be destroyed five years past the completion of the study.

Your choice to participate in this study is voluntary and you have the right to withdraw at any point.

Individuals who define themselves as currently experiencing significant distress would be better advised not to participate, given the sensitive nature of the topic investigated, personal therapy.

Your participation in this study will be greatly appreciated.

Kallirroi Nikolopoulou, Counselling Psychologist in training , Department of Psychology,
City University London [redacted]
Supervisor: Susan Maise Strauss, PhD, CPsychol Department of Psychology,
City University London [redacted]

**Appendix 4**

**Debriefing**

The information you have provided will be kept and processed for the following purposes: Transcription, Analysis, and Doctoral Thesis write up.

All the information you have provided is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organization.

Small sections of the recorded and transcribed interview may be used in publications. These sections will always be anonymized and free of any identifiable information.

In case you experience significant distress after participating to this study, you are advised to seek psychological support. Potential sources providing such support are listed below

- The Samaritans

http://www.samaritans.org/

tel: 08457 90 90 90

- MIND

http://www.mind.org.uk/

tel: 0300 123 3393

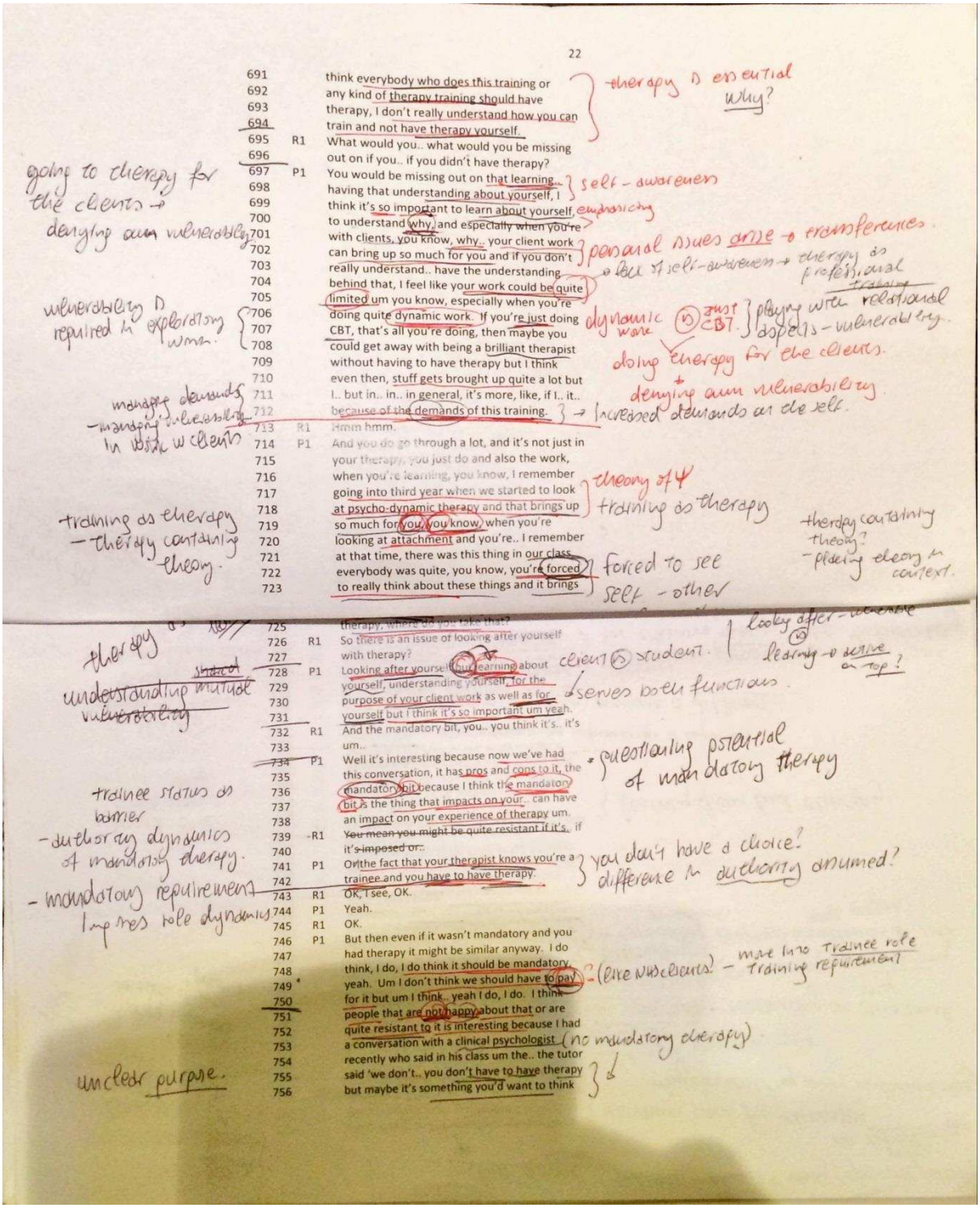
Thank you very much for your invaluable participation.

Kallirroi Nikolopoulou
Counselling Psychologist in training
Department of Psychology,
City University London
[redacted]

Research supervisor:
Susan Maise Strauss, PhD, CPsychol
Department of Psychology,
City University London
[redacted]

**Appendix 5**

**Single case Analysis exemplar**



**Appendix 6**

**Example of table of emergent themes- Amaryllis**

| **Therapy as training module** | |
|---|---|
| the course kept me grounded in therapy | 257-270 |
| understanding countertransference | 679-687 |
| therapy as professional investment | 1646-1650 |
| 30 minute taster trial | 321-326 |
| working through what's mine | 978/990-1004 |
| | |
| **Therapy as mental health certificate** | |
| bad person makes bad therapist | 843-847 |
| mutual vulnerability in therapy- clients can harm us | 944-956 |
| therapy assures safety of clients | 1093-1104 |
| mind-altering properties of therapy -can be harmful | 1135-1150 |
| parental dynamics of boundaries/mandatory requirements | 1047-1056 |
| we have a lot of shit | 1072-1085 |
| therapy as mental health certificate | 1093-1104 |
| personal needs projected in clients | 1464-1474 |
| personal needs turn to therapeutic agenda | 1468-1479 |
| therapy mediating suitability for practice | 1946-1960 |
| | |
| **Therapist as tutor/colleague/supervisor** | |
| sharing the experience not the therapist | 1688-1697 |
| therapist as better supervisor | 783-789 |
| supervisor as a better parent | 794-804 |
| the supervisor as a horrible client | 805-817 |
| the supervisor as a horrible parent | 812-832 |
| therapist as better supervisor | 1177-1190 |
| | |
| **The wounded healer** | |
| my feelings are about me - protecting the clients from my needs | 1010-1023 |
| studies as a pretence for therapy (family) | 1230-1237 |
| Ψ studies as  a gateway for therapy | 1241-1249 |
| socialization in fear of feelings | 1268-1279 |
| family traumas explained through training and therapy | 1374-1385 |

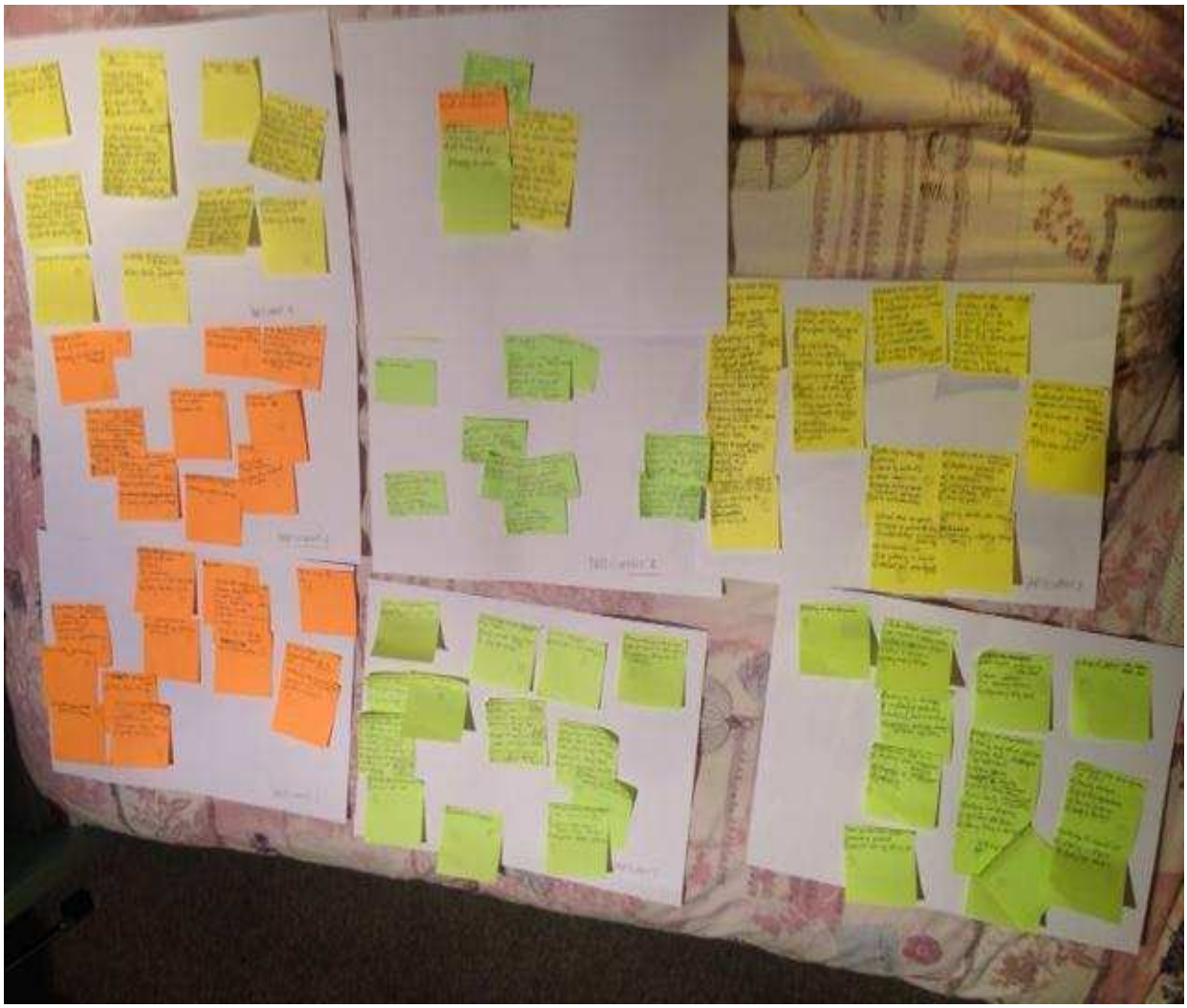
| | |
|---|---|
| my wounds can infect my clients | 1592-1610 |
| | |
| **Everyone should have therapy** | |
| Everyone has issues | 912-915 |
| The normative dependency: therapy as nutrient | 915-918 |
| **Questioning the potential of training therapy** | |
| questioning choice: therapy is necessary | 920-927 |
| questioning the potential of good therapy | 1863-1881 |
| questioning the potential of real therapy | 1941-1945 |
| therapy as mental surgery in the dark | 956-969 |
| | |
| **Tick box vs Real therapy** | |
| avoiding the real therapy | 1651-1660 |
| sharing the therapist | 1676-1697, 1701-1706 |
| choosing the therapist who won't change you | 1811-1822 |
| training institute as parental guardian | 1825-1829 |
| trainees as naïve clients | 1840-1846 |
| | |
| **Challenging the discourse of pathology** | |
| being treated as a person, not the diagnosis | 471-491 |
| relationships beyond- Underlying pathology | 594-619 |
| being relationally sick | 602-619 |
| complexity is normal | 619-639 |
| there are no simple issues! | 631-639 |
| relationship over problem as focus | 639-645 |
| correcting the myth of fully functioning person | 712-723 |
| discovering relational pain underlies pathology | 1081-1095 |
| relationships beyond- Underlying pathologies | 1416-1425 |
| | |
| **The vulnerable self** | |
| painful experiences re-enacted in therapy (past)- attachments | 167-170 |
| acceptance of vulnerable self- acceptance of fears | 401-411 |
| accepting the damaging self | 412-436 |
| therapist as a better father/parent- loving parent | 436-443 |
| disconfirming fears of abandonment | 445-456 |

| | |
|---|---|
| therapist as a loving father | 456-467 |
| relating and repairing beyond "good and bad" | 645-657 |
| integrating the rejected self (accepting previously rejected parts of self) | 657-668-672 |
| expressing the Lack | 833-837 |
| the therapist as a better father | 855-868 |
| connecting with the fear | 879-899 |
| exploring the unspoken in therapy | 929-940 |
| shame and guilt for rejecting family pathology | 1425-1431 |
| being victim-rescuer-persecutor | 1435-1446 |
| confronting the bad self | 1445-1456 |
| questioning Omnipotence | 1457-1468 |
| renegotiating parent-child roles | 1566-1580 |
| new self emerging through loss | 1581-1591 |
| | |
| **Negotiating power and autonomy** | |
| experiencing authority in therapy (past experience) | 152-162 |
| cultural rift (past-present) | 162-166 |
| experiencing authority in therapy | 174-186 |
| shamed by therapists authority | 186-190 |
| sexual competition in therapy | 186-206 |
| | |
| **Modelling intimacy and boundaries** | |
| despair and the disconnected therapist | 227-248 |
| therapist emotion as antidote to disconnection | 239-253 |
| working through with whats mine and what's their | 679-687 |
| acceptance of relational boundaries??? | 705-712 |
| accepting mutual limitations of therapeutic encounter | 748-758 |
| uncovering interpersonal issues in the transference | 759-771 |
| correcting the myth of the perfect therapist | 1150-1166 |
| learning to love in therapy | 1385-1408 |
| finding boundaries in the therapy room | 1503-1514 |
| | |
| **Theory and experience** | |
| relating over theorizing | 562-574 |
| theory restricts | 574-582 |
| therapeutic needs map on to theory | 574-588 |

| | |
|---|---|
| therapeutic needs map on to theory | 588-594 |
| experiential mapping on to theory | 668-679 |
| theory acquires meaning through experience | 1057-1085 |
| connecting with feelings through training- meaning making out of lack of parenting | 1542-1550 |

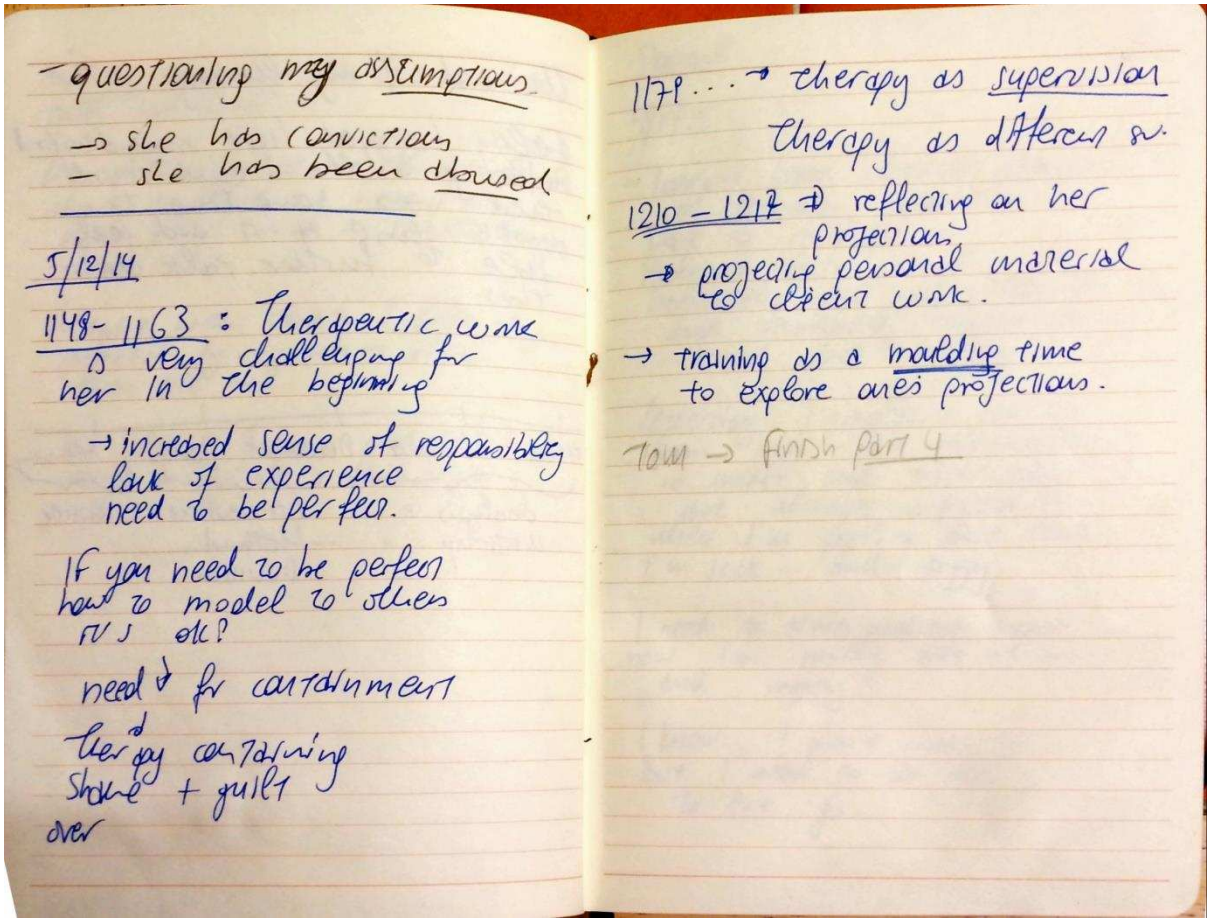
**Appendix 7**

**IPA on paper: integrating emergent themes from all seven participants**



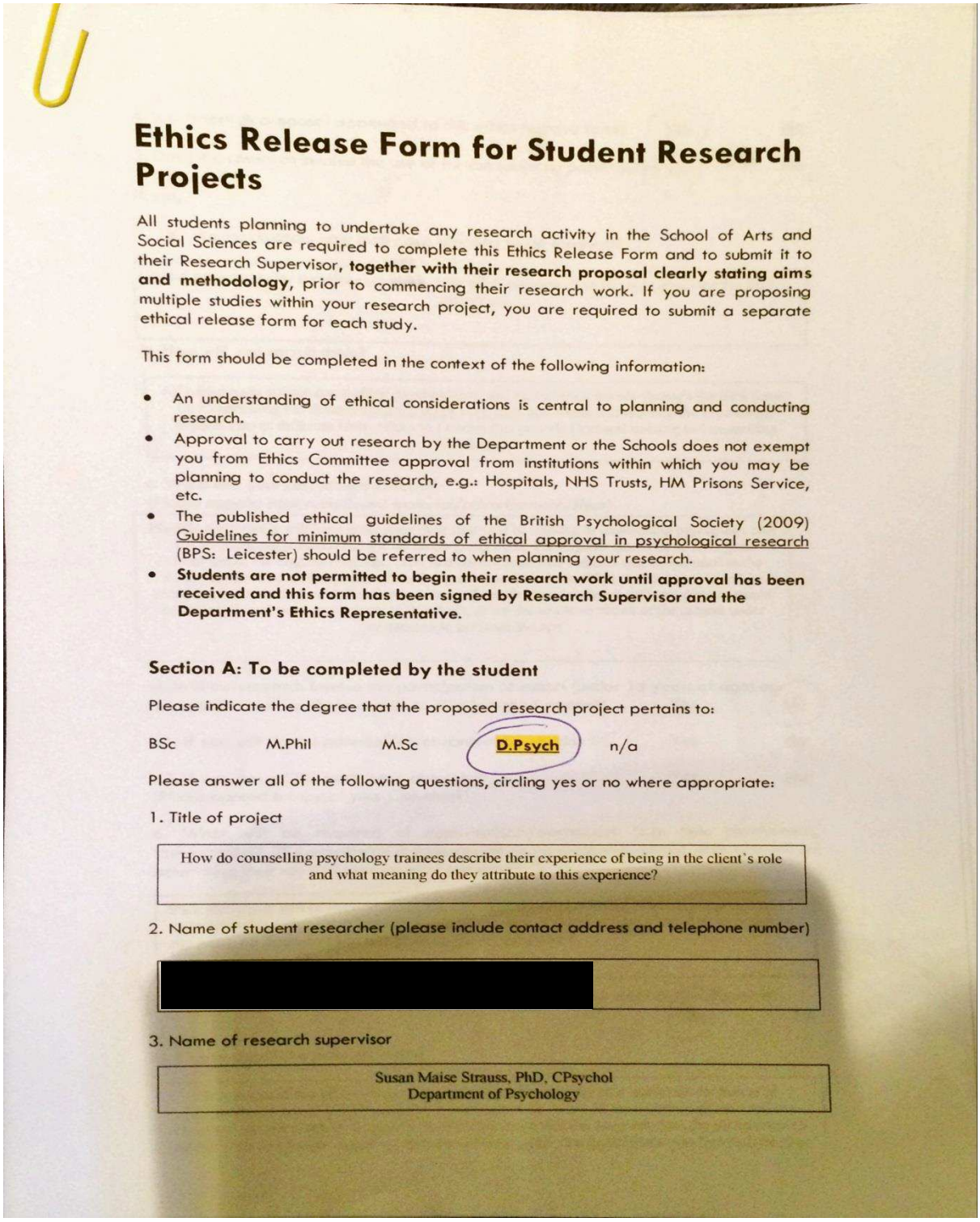
**Appendix 8**

**Reflective journal notes post-interview with transcript**



**Appendix 9**

**Ethics Form**



# Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

## Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc M.Phil M.Sc **D.Psych** n/a

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

How do counselling psychology trainees describe their experience of being in the client's role and what meaning do they attribute to this experience?

2. Name of student researcher (please include contact address and telephone number)

[redacted]

3. Name of research supervisor

Susan Maise Strauss, PhD, CPsychol
Department of Psychology

4. Is a research proposal appended to this ethics release form? Yes **No**

5. Does the research involve the use of human subjects/participants? **Yes** No

If yes,

a. Approximately how many are planned to be involved?

4-5 participants for the pilot peer group, 1 for pilot interview, 8 to 10 participants for the final interviews

b. How will you recruit them?

All participants trainee counselling psychologists will be recruited mainly through the BPS forum for Counselling Psychology (http://dcop.bps.org.uk/), and through contacting the Psychology departments of different Universities in London that provide Doctoral training in Counselling Psychology.

c. What are your recruitment criteria?
*(Please append your recruitment material/advertisement/flyer)*

Eligible participants will have completed their first year of training in counselling psychology and will be attending personal therapy on an on-going basis. Participants also need to have good verbal use of the English language. The first participants who respond will be included in the study, however once the number of needed participants has been filled no more people will be recruited. Individuals who define themselves as currently experiencing significant distress would be better advised not to participate in this study, given the sensitive nature of the subject under investigation, personal therapy.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? **Yes** No

d1. If yes, will signed parental/carer consent be obtained? Yes **No**

d2. If yes, has a CRB check been obtained? Yes **No**
*(Please append a copy of your CRB check)*

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Each participant will be interviewed by me regarding the subject matter. The interview will be recorded and is estimated to last approximately one hour. Participants are allowed to withdraw at any point. All interviews will take place on University grounds.

7. Is there any risk of physical or psychological harm to the subjects/participants? **Yes** No

If yes,

a. Please detail the possible harm?

It is assumed that participating in a psychological study may bear some risk for potential psychological harm. It is possible that participants who do not fit the inclusion criteria and are therefore excluded may feel rejected. In addition, given that the study requires the participants to reflect upon and discuss personal experiences it is possible that participants may feel distressed at

b. How can this be justified?

It is assumed that the potential psychological harm participants may suffer is similar to/and or comparable to distress experienced in ones' everyday life. In addition, it is argued that the potential harm caused is proportionate to the benefits of the insight gained by this study.

c. What precautions are you taking to address the risks posed?

In case participants experience distress during the interview they have the right to withdraw without further obligations. All participants will be informed of the nature and content of the study prior to engaging, and will be also debriefed at the end of their interview. In case needed I will use my counselling skills to help them cope with distress during the interview, and if required participants will be further provided a list of resources for aftercare referrals.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes **No**

*(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

**Yes** No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

If no, please justify Yes **No**

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

All participants' interviews will be recorded and transcribed. These recordings and transcripts will be kept as a digital encrypted file in an external memory disc in my house.

12. What provision will there be for the safe-keeping of these records?

All recordings and transcripts will be stored in an external memory disc, to which I only have access. In addition, these files will be encrypted thus further ensuring that they are protected.

13. What will happen to the records at the end of the project?

The records will be kept as encrypted digital files an external memory disc. All hard copies will be stored at a locked cupboard in my house. Finally, all records (digital and hard copies) will be kept for a period of five years past the end of the research study and will be afterwards completely destroyed.

14. How will you protect the anonymity of the subjects/participants?

Any information that may be potentially identifying of the participants will be excluded from the data. Whole transcripts of participants' accounts will not be included in the portfolio, only small segments, which will not contain any identifiable details.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

There is a de-brief form in the appendix including information on the purpose of the study, which also includes the telephone numbers and internet links of two major UK charities offering psychological support.

*(Please append any de-brief information sheets or resource lists detailing possible support options)*

If you have circled an item in **underlined bold** print or wish to provide additional details of the research please provide further explanation here:

Signature of student researcher: Kallirroi Nikolopoulou Date: 24 January 2013

**CHECKLIST:** the following forms should be appended unless justified otherwise

Research Proposal
Recruitment Material
Information Sheet
Consent Form
De-brief Information

## Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? Yes No
If yes,

a. Please detail possible harm?

I suppose that one must remain cautious and anticipate the possibility of harm for the researcher when conducting a study. It is possible that I may be subject to some form of physical or psychological harm through my contact with the participants during the interview.

b. How can this be justified?

It can be argued that this is a risk comparable to the risks present in my everyday life practices and thus does not place me at a special/greater risk. In addition, it is expected that the insights gained from this study will be proportionate to any such potential risk.

c. What precautions are to be taken to address the risks posed?

As stated earlier, all interviews will take place at City University grounds as a means to ensure a safer and more predictable environment both for the participant as well as the researcher.

## Section C: To be completed by the research supervisor

*(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)*

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

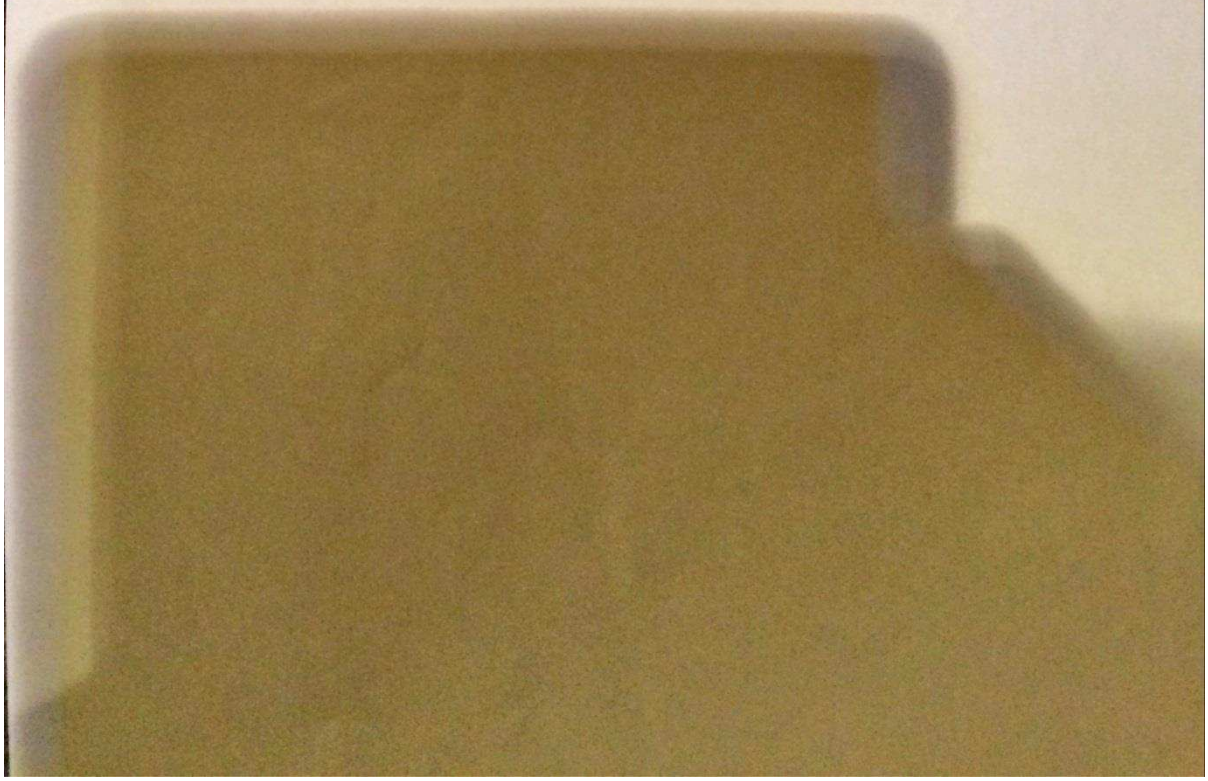
Refer to the School's Research and Ethics Committee

Signature [redacted] ---------- Date [redacted]

**Section D: To be completed by the 2nd Departmental staff member**
*(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

Signat[redacted] ---------- Date[redacted]



# SECTION C: Publishable paper

***Research Paper***

# ‘You’re not somebody who’s got loads and loads of issues…’: An interpretative phenomenological analysis of how Counselling Psychology trainees experience their mandatory personal therapy.

Kallirroi Nikolopoulou and Susan Maise Strauss

City University London, UK

***Background:*** *As a discipline Counselling Psychology places considerable focus on models of reflective practice within its pluralistic and critical knowledgebase. To that end personal therapy is a defining requirement of Counselling Psychology training. Nonetheless, there is limited understanding regarding the experiences of trainees as a unique client group.*

***Aim:*** *To explore how trainees in Counselling Psychology experience their personal therapy and what meanings they assign to their role as clients.*

***Method:*** *Interviews were conducted with seven trainees who had been in personal therapy during their doctoral training. Data were analysed using Interpretative Phenomenological Analysis approach.*

***Findings:*** *The results obtained suggest that trainees experience their roles as therapists and clients to be both complementary and contradictory. Participants reflected their ambivalence in the potential of training therapy to be like any other therapy and discussed a complex process of negotiating the external demands to attend therapy and the individual needs for therapy, throughout their story as clients.*

***Discussion:*** *Relevance with existing literature and implications for the Counselling Psychology profession are discussed. Limitations and recommendation for future studies are also outlined.*

***Keywords:*** *personal therapy; Counselling Psychology; professional training; professional identity*